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| Fill in this information to identify your case: | 191110 |
|---|--|
| Debtor 1 PATRICIA LYNN JOHNSON RUSHING First Name Middle Name Last Name | DEC 27 2022 |
| Debtor 2 (Spouse, if filling) First Name Middle Name Last Name | PAIGE WYMORE-WYNN, CUK U.S. BANKRUPTCY GOURT |
| United States Bankruptcy Court for the: District of Case number (If known) | WEST DISTRICT OF MISSOURI Check if this is a amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct

| Part 1: Summarize Your Assets | |
|--|--------------------------------------|
| | Your assets Value of what you own |
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$100,000.00 |
| 1ь. Copy line 62, Total personal property, from Schedule A/B | \$3,500.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$103,500.00 |
| Part 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$40,000.00 |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$9,313.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$ 23,000.00 |
| Your total liabilities | \$72,313.00 |
| Part 3: Summarize Your Income and Expenses | |
| Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$4,000.00 |
| 5. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$1,000.00 |

12/15

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Debtor 1

PATRICIA LYNN JOHNSON RUSHING

First Name Middle Name Last Name

Case number (# known) 22 - 4140 5

| P | art 4: Answ | ver These Questions for Administrative and Statistical Records | | | | |
|----|---|--|--------------------------------|-------------|--|--|
| 6. | Are you filing | for bankruptcy under Chapters 7, 11, or 13? | | | | |
| | ☐ No. You ha | ave nothing to report on this part of the form. Check this box and submit this fo | rm to the court with your othe | rschedules. | | |
| 7. | What kind of | debt do you have? | | | | |
| | | ts are primarily consumer debts. Consumer debts are those "incurred by an nousehold purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose. | | onal, | | |
| | | ts are not primarily consumer debts. You have nothing to report on this part of the court with your other schedules. | of the form. Check this box ar | nd submit | | |
| 8. | | tement of Your Current Monthly Income: Copy your total current monthly inc Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | come from Official | \$4,000.00 | | |
| 9. | 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: | | | | | |
| | | | Total claim | | | |
| | From Part 4 | on Schedule E/F, copy the following: | | | | |
| | 9a. Domestic | support obligations (Copy line 6a.) | \$ | | | |
| | 9b. Taxes and | certain other debts you owe the government. (Copy line 6b.) | \$ | | | |
| | 9c. Claims for | death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | | | |
| | 9d. Student loa | ans. (Copy line 6f.) | \$ | | | |
| | | s arising out of a separation agreement or divorce that you did not report as ims. (Copy line 6g.) | \$ | | | |
| | 9f. Debts to p | ension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$ | | | |
| | 9g. Total. Add | I lines 9a through 9f, | \$ 0.00 | | | |

Case 22-41405-drd13 Doc 19 Filed 12/27/22 Entered 12/27/22 10:46:21 Page 3 of 48 Document Fill in this information to identify your case and this filing. PATRICIA LYNN JOHNSON RUSING Debtor 1 Debtor 2 Middle Name (Spouse, if filling) First Name Last Name United States Bankruptcy Court for the: District of Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put Single-family home the amount of any secured claims on Schedule D: 3611-3615 EAST 27TH ST Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description ☐ Condominium or cooperative Current value of the Current value of the entire property? portion you own? Manufactured or mobile home ☐ Land 100,000.00 60,000.00 Investment property KC MO 64127 Describe the nature of your ownership Timeshare City State ZIP Code interest (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only County Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this Item, such as local property identification number: If you own or have more than one, list here: What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put Single-family home the amount of any secured claims on Schedule D. Creditors Who Have Claims Secured by Property Duplex or multi-unit building Street address, if available, or other description Condominium or cooperative Current value of the Current value of the Manufactured or mobile home entire property? portion you own? ☐ Land Investment property Describe the nature of your ownership Timeshare City ZIP Code interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only County Debtor 1 and Debtor 2 only Check if this is community property

At least one of the debtors and another

property identification number:

Other information you wish to add about this item, such as local

(see instructions)

What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Single-family home Creditors Who Have Claims Secured by Property. 1.3. Street address, if available, or other description Duplex or multi-unit building Current value of the Current value of the Condominium or cooperative entire property? portion you own? Manufactured or mobile home Land Investment property Describe the nature of your ownership City State ZIP Code □ Timeshare interest (such as fee simple, tenancy by ☐ Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. Part 2: **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ Yes Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put. 3.1. the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put. 3.2. Make: the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions)

Case 22-41405-drd13

Debtor 1

Doc 19

PATRICIA LYNN JOHNSON RUSPACCUMENT

Filed 12/27/22

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| 3. | Make: | Who has an interest in the property? Check one. | Do not deduct secured cla the amount of any secure | |
|-----------------|--|---|---|--|
| | Model: | Debtor 1 only | Creditors Who Have Clair | ns Secured by Property. |
| | Year: | Debtor 2 only Debtor 1 and Debtor 2 only | Current value of the | Current value of the |
| | Approximate mileage: | At least one of the debtors and another | entire property? | portion you own? |
| | Other information: | At least one of the deptors and another | | |
| | Other information: | Check if this is community property (see instructions) | \$ | \$ |
| 4. | Make: | Who has an interest in the property? Check one. | Do not deduct secured cla | |
| т. | Model: | Debtor 1 only | the amount of any secure Creditors Who Have Clair | d claims on Schedule D: |
| | | Debtor 2 only | | |
| | Year: | Debtor 1 and Debtor 2 only | Current value of the | Current value of the portion you own? |
| | Approximate mileage: | At least one of the debtors and another | entire property? | portion you own: |
| | Other information: | | | |
| | | Check if this is community property (see instructions) | \$ | \$ |
| m Ne Ye | <i>ples:</i> Boats, trailers, motors, personal o es | and other recreational vehicles, other vehicles, and access watercraft, fishing vessels, snowmobiles, motorcycle accesso Who has an interest in the property? Check one | ories | sime or exemptions. But |
| m Ne Ye | <i>ples:</i> Boats, trailers, motors, personal o | watercraft, fishing vessels, snowmobiles, motorcycle accessor Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | | d claims on Schedule D: ms Secured by Property. Current value of th portion you own? |
| m Ne Ye | ples: Boats, trailers, motors, personal pes Make: Model: Year: | watercraft, fishing vessels, snowmobiles, motorcycle accesso Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured cla the amount of any secure Creditors Who Have Clair. | d claims on Schedule D: ms Secured by Property. Current value of the portion you own? |
| am Ne Ye | ples: Boats, trailers, motors, personal pes Make: Model: Year: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check If this is community property (see instructions) | Do not deduct secured cla the amount of any secure Creditors Who Have Clair. | d claims on Schedule D: ns Secured by Property. Current value of the |
| Ne Ye | ples: Boats, trailers, motors, personal or es Make: Model: Year: Other information: own or have more than one, list here: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check If this is community property (see instructions) | Do not deduct secured class the amount of any secure Creditors Who Have Class. Current value of the entire property? \$ Do not deduct secured class. | d claims on Schedule D: ns Secured by Property. Current value of th portion you own? \$ |
| Ne Ye | ples: Boats, trailers, motors, personal or es Make: Model: Year: Other information: own or have more than one, list here: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check If this is community property (see instructions) | Do not deduct secured clathe amount of any secure Creditors Who Have Clair. Current value of the entire property? \$ Do not deduct secured clathe amount of any secure | d claims on Schedule D: ns Secured by Property. Current value of th portion you own? \$ |
| Ne Ye | ples: Boats, trailers, motors, personal or es Make: Model: Year: Other information: own or have more than one, list here: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check If this is community property (see instructions) Who has an interest in the property? Check one. | Do not deduct secured class the amount of any secure Creditors Who Have Class. Current value of the entire property? \$ Do not deduct secured class the amount of any secure Creditors Who Have Class. | d claims on Schedule D: ns Secured by Property. Current value of th portion you own? \$ |
| Ne Ye | ples: Boats, trailers, motors, personal or es Make: Model: Year: Other information: own or have more than one, list here: | Who has an interest In the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check If this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured clathe amount of any secure Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clathe amount of any secure Creditors Who Have Claim Current value of the | d claims on Schedule D: ns Secured by Property. Current value of th portion you own? \$ |
| Ne Ye | ples: Boats, trailers, motors, personal or ses Make: Model: Year: Other information: own or have more than one, list here: Make: Model: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check If this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured class the amount of any secure Creditors Who Have Class. Current value of the entire property? \$ Do not deduct secured class the amount of any secure Creditors Who Have Class. | d claims on Schedule D: ns Secured by Property. Current value of th portion you own? \$ |
| eam Ne Ye | ples: Boats, trailers, motors, personal or ses Make: Model: Other information: own or have more than one, list here: Make: Make: Model: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check If this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured clathe amount of any secure Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clathe amount of any secure Creditors Who Have Claim Current value of the | d claims on Schedule as Secured by Proper Current value of portion you own \$ sims or exemptions. P d claims on Schedule as Secured by Proper Current value of |

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Debtor 1

✓ No

Yes. Give specific information.....

Describe Your Personal and Household Items Part 3: Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware MAJOR APPLIANCE FURNITURE AND KITCHEN WARE 2,000,00 Yes, Describe...... 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe.......... TELEVISIONS 1,000.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles X No ☐ Yes. Describe...... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments 🔃 No Yes. Describe...... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ✓ No ☐ Yes. Describe...... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes, Describe...... EVERYDAY CLOTHES 500.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No No 13. Non-farm animals Examples: Dogs, cats, birds, horses ✓ No Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

for Part 3. Write that number here

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Middle Name

Last Name

Part 4:

Describe Your Financial Assets

| Do you own or have an | y legal or equitable interest in | any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|--|---|--|--|---|
| 16. Cash Examples: Money you | u have in your wallet, in your hon | ne, in a safe deposit box, and on hand when you fi | ile your petition | |
| ☑ No ☐ Yes | | | Cash: | \$ |
| | | | · | * |
| | | unts; certificates of deposit; shares in credit unions nultiple accounts with the same institution, list each | | |
| No No | | | | |
| Yes | | Institution name: | | |
| | 17.1. Checking account: | | | \$ |
| | 17.2. Checking account: | 3 | | \$ |
| | 17,3, Savings account: | | | \$ |
| | 17.4. Savings account: | | | \$ |
| | 17.5. Certificates of deposit: | | | \$ |
| | 17.6. Other financial account: | | | \$ |
| | 17.7. Other financial account: | | | \$ |
| | 17.8. Other financial account: | | | \$ |
| | 17.9. Other financial account: | | | \$ |
| | | | | |
| | s, or publicly traded stocks s, investment accounts with brok Institution or issuer name: | erage firms, money market accounts | | |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| 19. Non-publicly traded an LLC, partnership, | | rated and unincorporated businesses, includin | g an interest in | |
| No No | Name of entity: | | % of ownership: | |
| Yes. Give specific information about | | | 0% _% | \$ |
| them | | | Λ0/. | \$ |
| | | | <u>076 </u> | \$ |

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| 20. | Manatiable instruments in | oclude personal chec | er negotiable and non-negotiable instruments cks, cashiers' checks, promissory notes, and money orders. nnot transfer to someone by signing or delivering them. | |
|-----|--|--|---|----|
| | ✓ No ✓ Yes. Give specific information about them | Issuer name: | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | |
| 21 | Retirement or pension | accounts | | |
| | Examples: Interests in IR | A, ERISA, Keogh, 4 | 01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans | |
| | ☑ No | | | |
| | Yes. List each account separately. | Type of account: | Institution name: | |
| | account separately. | | | \$ |
| | | 401(k) or similar plan: | | |
| | | Pension plan: | | \$ |
| | | IRA: | | \$ |
| | | Retirement account: | | \$ |
| | | | | \$ |
| | | Keogh: | | \$ |
| | | Additional account: | | 9 |
| | | Additional account: | | \$ |
| | Your share of all unused Examples: Agreements companies, or others | l deposits you have r with landlords, prepa | made so that you may continue service or use from a company aid rent, public utilities (electric, gas, water), telecommunications | |
| | ☑ No | | | |
| | ☐ Yes | Ir | stitution name or individual: | |
| | | Electric: | | \$ |
| | | Gas: _ | | \$ |
| | | Heating oil: | | \$ |
| | | Security deposit on re | ental unit: | \$ |
| | | Prepaid rent: | | \$ |
| | | Telephone: | | \$ |
| | | Water: | | \$ |
| | | Rented furniture: | | - |
| | | Other: | | \$ |
| | | Other | | \$ |
| | | | | |
| 2 | | r a periodic payment | t of money to you, either for life or for a number of years) | |
| | ☑ No | | | |
| | ☐ Yes | issuer name and de | escription: | |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

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Debtor 1

| Negotiable instruments ì Non-negotiable instrume | include personal check ents are those you can | ks, cashiers' checks, promissory notes, and money orders. not transfer to someone by signing or delivering them. | |
|---|--|--|--------------|
| No Yes. Give specific information about | Issuer name: | | ė. |
| them | | | \$ |
| | | | \$ |
| | | | \$ |
| Retirement or pension Examples: Interests in If | accounts RA, ERISA, Keogh, 40 | 01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans | |
| ✓ No✓ Yes. List each | | | |
| account separately. | Type of account: | Institution name: | |
| | 401(k) or similar plan: | | \$ |
| | Pension plan: | | \$ |
| | IRA: | | \$ |
| | Retirement account: | | \$ |
| | | | \$ |
| | Keogh: | | \$ |
| | Additional account: | | Ψ |
| | | hade so that you may continue service or use from a company | \$ |
| Your share of all unused | prepayments | nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications | \$ |
| Your share of all unused Examples: Agreements companies, or others | prepayments d deposits you have m with landlords, prepai | nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications | \$ |
| Your share of all unused Examples: Agreements companies, or others No | prepayments d deposits you have m with landlords, prepai | nade so that you may continue service or use from a company | \$ |
| Your share of all unused Examples: Agreements companies, or others No | prepayments d deposits you have m with landlords, prepai | nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications | \$ |
| Your share of all unused Examples: Agreements companies, or others No | prepayments d deposits you have m with landlords, prepai | nade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications stitution name or individual: | \$\$ \$ |
| Your share of all unused Examples: Agreements companies, or others No | prepayments d deposits you have m with landlords, prepai Ins Electric: Gas: Heating oil: | nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual: | \$\$ \$\$ |
| Your share of all unused Examples: Agreements companies, or others No | prepayments d deposits you have m with landlords, prepai Ins Electric: Gas: Heating oil: Security deposit on rei | nade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications stitution name or individual: | \$\$ \$\$ |
| Your share of all unused Examples: Agreements companies, or others No | prepayments d deposits you have m with landlords, prepai Ins Electric: Gas: Heating oil: Security deposit on rei Prepaid rent: | nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual: | \$\$ \$\$ |
| Your share of all unused Examples: Agreements companies, or others No | prepayments d deposits you have m with landlords, prepai Ins Electric: Gas: Heating oil: Security deposit on rei Prepaid rent: Telephone: | nade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications stitution name or individual: | \$\$ \$\$ |
| Your share of all unused Examples: Agreements companies, or others No | prepayments d deposits you have m with landlords, prepai Electric: Gas: Heating oil: Security deposit on recomprepaid rent: Telephone: Water: | nade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications stitution name or individual: | \$\$ \$\$ |
| Your share of all unused Examples: Agreements companies, or others No | prepayments d deposits you have m with landlords, prepai Ins Electric: Gas: Heating oil: Security deposit on rei Prepaid rent: Telephone: Water: Rented furniture: | nade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications stitution name or individual: | \$\$ \$\$ |
| Your share of all unused Examples: Agreements companies, or others No | prepayments d deposits you have m with landlords, prepai Electric: Gas: Heating oil: Security deposit on recomprepaid rent: Telephone: Water: | nade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications stitution name or individual: | \$\$ \$\$ |
| Your share of all unused Examples: Agreements companies, or others No Yes | prepayments d deposits you have m with landlords, prepai lns Electric: Gas: Heating oil: Security deposit on rec Prepaid rent: Telephone: Water: Rented furniture: Other: | nade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications stitution name or individual: | \$\$ \$\$ |
| Your share of all unused Examples: Agreements companies, or others ✓ No ☐ Yes | prepayments d deposits you have m with landlords, prepai lns Electric: Gas: Heating oil: Security deposit on rec Prepaid rent: Telephone: Water: Rented furniture: Other: | nade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications stitution name or individual: | \$\$ \$\$ |
| Your share of all unuser Examples: Agreements companies, or others No Yes | prepayments d deposits you have m with landlords, prepai lns Electric: Gas: Heating oil: Security deposit on rel Prepaid rent: Telephone: Water: Rented furniture: Other: | ande so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications estitution name or individual: Intal unit: Of money to you, either for life or for a number of years) | \$\$ \$\$ |
| Examples: Agreements companies, or others No Yes | prepayments d deposits you have m with landlords, prepai lns Electric: Gas: Heating oil: Security deposit on rel Prepaid rent: Telephone: Water: Rented furniture: Other: | ande so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications estitution name or individual: Intal unit: Of money to you, either for life or for a number of years) | \$\$ \$\$ |

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ✓ No 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☑ No ☐ Yes. Give specific information about them. 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No No ☐ Yes. Give specific information about them.... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ✓ No Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ☐ No Yes. Give specific information Federal: about them, including whether you already filed the returns State: and the tax years. Local: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement Yes. Give specific information..... Alimony: Maintenance: Support: Divorce settlement: Property settlement: 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else 🗹 No Yes. Give specific information.....

PATRICIA LYNN JOHNSON RUSSOCEMent Page 10 of 48 number (if known) 22-4(405)

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Case 22-41405-drd13

Doc 19

Case 22-41405-drd13 Doc 19 Filed 12/27/22 Entered 12/27/22 10:46:21 PATRICIA LYNN JOHNSON RUSHQCument Page 11 of 48 number (if known) 22 -4 Dehtor 1 31. Interests in Insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes, Name the insurance company Surrender or refund value: Beneficiary: Company name: of each policy and list its value.... 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information..... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ✓ No Yes. Describe each claim..... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ✓ No Yes. Describe each claim..... 35. Any financial assets you did not already list No No Yes. Give specific information..... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4, Write that number here Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. Part 5: 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions 38. Accounts receivable or commissions you already earned Mo No ☐ Yes. Describe..... 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

Yes. Describe.....

✓ No

PATRICIA LYNN JOHNSON RUDOCUMENT Page 12 of 48 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade MO No Yes. Describe..... 41. Inventory ☐ No ☐ Yes. Describe.. 42. Interests in partnerships or joint ventures M No Yes, Describe...... Name of entity: % of ownership: 43. Customer lists, mailing lists, or other compilations Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? ☐ No ☐ Yes. Describe...... 44. Any business-related property you did not already list ■ No ☐ Yes. Give specific information 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached 0.00 for Part 5. Write that number here Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? Mo. Go to Part 7. Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions 47. Farm animals Examples: Livestock, poultry, farm-raised fish ☑ No. ☐ Yes.....

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Doc 19

| Case 22-41405-drd13 Doc 19 Filed 2 Debtor 1 PATRICIA LYNN JOHNSON RUDIQUIMER Fixet Name Middle Name Last Name | 12/27/22 Entered 12/27/22 10 nt Page 13 of 48 | |
|---|--|---------------------------|
| 48. Crops—either growing or harvested | | |
| ☑ No | | |
| Yes. Give specific information | | \$ |
| 49. Farm and fishing equipment, Implements, machinery, fixture | s. and tools of trade | |
| ☑ No | -, | |
| ☐ Yes | | \$ |
| 50. Farm and fishing supplies, chemicals, and feed | | <u> </u> |
| No | | |
| ☐ Yes | | |
| | | \$ |
| 51. Any farm- and commercial fishing-related property you did n | ot already list | |
| Yes. Give specific information | | \$ |
| 52. Add the dollar value of all of your entries from Part 6, including | | \$ |
| for Part 6. Write that number here | ······ | |
| Part 7: Describe All Property You Own or Have: | an Interest in That You Did Not Lis | t Above |
| 53. Do you have other property of any kind you did not already I Examples: Season tickets, country club membership ✓ No ☐ Yes. Give specific information | ist? | \$ \$ \$ |
| 54. Add the dollar value of all of your entries from Part 7. Write the | nat number here | > \$ |
| Part 8: List the Totals of Each Part of this Form | | |
| 55. Part 1: Total real estate, line 2 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <u> </u> |
| 56. Part 2: Total vehicles, line 5 | \$ | |
| 57. Part 3: Total personal and household items, line 15 | \$3,500.00 | |
| 58. Part 4: Total financial assets, line 36 | \$ | |
| 59. Part 5: Total business-related property, line 45 | \$ | |
| 60. Part 6: Total farm- and fishing-related property, line 52 | \$ | |
| 61. Part 7: Total other property not listed, line 54 | + \$ | |
| 62. Total personal property. Add lines 56 through 61 | \$3,500.00 Copy personal prope | rty total → + \$ 3,500.00 |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 | | 103,500.00 |

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| | | Document | Page 14 of 48 | |
|--|---|--|---|---|
| Fill in this informa | ation to identify your case | | | |
| Debtor 1 + G-+ | RICIA JOHAS | on Rushu | 0.8° | |
| Debtor 2 (Spouse, If filing) First Na | ame Middle Name | Last Namé | | |
| | ptcy Court for the: Di | istrict of | | |
| Case number 2 | 2 41405 | | | ☐ Check if this is ar |
| (If known) | | | | amended filing |
| Official Forr | n 106C | | | |
| | | erty You | Claim as Exempt | 04/22 |
| Using the property ve | ou listed on <i>Schedule A/B: Prop</i> out and attach to this page as n | erty (Official Form 106/ | gether, both are equally responsible for s NB) as your source, list the property that additional Page as necessary. On the top | you claim as exempt. If more |
| specific dollar amo of any applicable s retirement funds— limits the exemptio | unt as exempt. Alternatively, tatutory limit. Some exemptio may be unlimited in dollar am | you may claim the ful ons—such as those for ount. However, if you nt and the value of the | amount of the exemption you claim. On if fair market value of the property bein if health aids, rights to receive certain l claim an exemption of 100% of fair ma property is determined to exceed that | g exempted up to the amount benefits, and tax-exempt arket value under a law that |
| Part 1: Identi | fy the Property You Claim | as Exempt | | |
| 1 Which set of a | xemptions are you claiming? | Check one only even i | f your spouse is filing with you. | |
| | iming state and federal nonban | | | |
| You are cla | iming federal exemptions. 11 U | J.S.C. § 522(b)(2) | | |
| 2. For any prope | rty you list on <i>Schedule A/B</i> t | hat you claim as exeπ | npt, fill in the information below. | |
| | ion of the property and line on that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief | COMMEDCIAL DIDC | | П. | 11 U.S.C. 522 |
| description: | COMMERCIAL BLDG | \$ <u>100,000.00</u> | \$ 100% of fair market value, up to | |
| Line from Schedule A/B: | 1 | | any applicable statutory limit | |
| Brief description: | | \$ | □ \$ | |
| Line from Schedule A/B: | | | 100% of fair market value, up to any applicable statutory limit | |
| Brief | | • | □ \$ | |
| description: Line from | | 2 | 100% of fair market value, up to | |
| Schedule A/B: | (1 | | any applicable statutory limit | |
| | ing a homestead exemption of ustment on 4/01/25 and every 3 | | ? es filed on or after the date of adjustment | t.) |
| ☐ No | | | | |
| ☐ Yes. Did yo | ou acquire the property covered | by the exemption withi | n 1,215 days before you filed this case? | |

☐ Yes

| Part 2: Additional Pag | 1 |
|------------------------|---|
|------------------------|---|

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|---|--------------------------------------|--|------------------------------------|
| | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: Line from Schedule A/B: | \$ | □ \$ □ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from Schedule A/B: | \$ | \$ \$00% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from Schedule A/B; | \$ | □ \$ □ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from Schedule A/B: | \$ | \$ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from Schedule A/B: | \$ | \$ \$ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from Schedule A/B: | \$ | \$ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from Schedule A/B: | \$ | □ \$ □ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from Schedule A/B: | \$ | \$ \$ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from Schedule A/B: | \$ | □ \$ □ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from Schedule A/B: | \$ | □ \$ □ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from Schedule A/B: | \$ | \$ \$ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from Schedule A/B: | \$ | □ \$ 100% of fair market value, up to any applicable statutory limit | |

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Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below.

| As of the date you file, the claim is: Check all that apply. Contingent Contingent | 2.1 ALICIA DE OVACAL. | | clai | supports this | Unsecured portion If any |
|--|---|-----------|------|---------------|--------------------------|
| Commercial DAYCARE BLDG | ALICIA BROWN Describe the property that secures the claim: \$ | 40,000.00 | \$ | 100,000.00 | \$60,000.00 |
| Contingent Unliquidated Disputed | PO BOX 171935 COMMERCIAL DAYCARE BLDG | | | | |
| City State ZIP Code Disputed | | | | | |
| Who owes the debt? Check one. Debtor 1 only | KANSAS CITY KS Unliquidated | | | | |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other (including a right to offset) Date debt was incurred Last 4 digits of account number Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who owes the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other (including a right to offset) An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Other (including a right to offset) | • | | | | |
| Creditor's Name Creditor's Name Contingent Conting | □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Other (including a right to offset) | | | | |
| Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Other (including a right to offset) | community debt | | | | |
| Number Street As of the date you file, the claim is: Check all that apply. City State ZIP Code Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Debtor 1 only An agreement you made (such as mortgage or secured car loan) Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another Judgment lien from a lawsuit Check if this claim relates to a community debt | 2 2 | | s | | \$ |
| As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt As of the date you file, the claim is: Check all that apply. Longitude Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Undiquidated Disputed Other (including a right to offset) | | | | | |
| City State ZIP Code Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured car loan) Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another Judgment lien from a lawsuit Check if this claim relates to a community debt | Number Street | | | | |
| Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) | ☐ Contingent☐ Unliquidated | | | | |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Other (including a right to offset) | La Disputed | | | | |
| □ Debtor 2 only car loan) □ Debtor 1 and Debtor 2 only □ Statutory lien (such as tax lien, mechanic's lien) □ At least one of the debtors and another □ Under (including a right to offset) □ Other (including a right to off | | | | | |
| ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt ☐ Other (including a right to offset) | | | | | |
| Check if this claim relates to a community debt | ☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit | | | | |
| Date debt was incurred Last 4 digits of account number | ☐ Check if this claim relates to a | | | | |
| | Date debt was incurred Last 4 digits of account number | | | | |

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PATRICIA LYNN JOHNSON RUSHING

Debtor 1

Middle Name

| 1 70 | ") " | 7 | 4 | 1 | 10 | 6 | |
|-------------------------|----------|----------|---|----|---------------|---|---|
| Case number (IF Isnown) | <u>_</u> | <u> </u> | T | 14 | \mathcal{O} | ~ |) |
| | | | | | | | |

| Part 1: Additional Page After listing any entries on this page by 2.4, and so forth. | age, number them beginning with 2.3, followed | Column A Amount of claim Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|--|---|--|---|-----------------------------------|
| | Describe the property that secures the claim: | \$ | \$ | 5 |
| Creditor's Name | | | | |
| Number Street | | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | Contingent | | | |
| City State ZIP Code | ☐ Unliquidated ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | car loan) Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| _ | Other (including a right to offset) | | | |
| ☐ Check if this claim relates to a community debt | | | | |
| Date debt was incurred | Last 4 digits of account number | - | | |
| | Describe the property that secures the claim: | \$ | \$ | \$ |
| Creditor's Name | | | | |
| Rumber Sirset | | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | Contingent | | | |
| City State ZIP Code | ☐ Unliquidated | | | |
| Who owes the debt? Check one. | Disputed | | | |
| Debtor 1 only | Nature of lien. Check all that apply. | | | |
| Debtor 2 only | An agreement you made (such as mortgage or secured car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| Check if this claim relates to a | Other (including a right to offset) | | | |
| community debt | | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| | Describe the property that secures the claim: | \$ | 5 | \$ |
| Creditor's Name | | | | |
| Number Street | | | | |
| s odd strongs Condot | | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| O'. | Contingent | | | |
| City State ZIP Code | Unliquidated Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | car loan) | | | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit | | | |
| | Other (including a right to offset) | | | |
| Check if this claim relates to a community debt | | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| Add the dollar value of your entries | in Column A on this page. Write that number here: | 5 | | |
| | add the dollar value totals from all pages. | | | |
| Write that number here: | | \$ | | |

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Debtor 1

PATRICIA LYNN JOHNSON RUSHING First Name Middle Name

| Pa | irt 2: L | ist Others to Be | Notified for a Debt T | hat You Already | Listed |
|----------|-----------------------------|--|---------------------------|--|--|
| ag vo | ency is tryii u have mor | ng to collect from you e than one creditor fo | u for a debt you owe to s | omeone else, list th ou listed in Part 1, l | a debt that you already listed in Part 1. For example, if a collection e creditor in Part 1, and then list the collection agency here. Similarly, if ist the additional creditors here. If you do not have additional persons to |
| | | | | | On which line in Part 1 did you enter the creditor? |
| | Name | | | | Last 4 digits of account number |
| | Number | Street | | <u> </u> | - |
| | City | | State | ZIP Code | - |
| | | | | | On which line in Part 1 did you enter the creditor? |
| | Name | | - - | | Last 4 digits of account number |
| | Number | Street | | | - |
| | City | | State | ZIP Code | - |
| | City | | Sizie | ZIF Gode | On which line in Part 1 did you enter the creditor? |
| | Nаme | <u> </u> | · | | Last 4 digits of account number |
| | Number | Street | | <u> </u> | - |
| | City | | State | ZIP Code | - - |
| | | | | | On which line in Part 1 did you enter the creditor? |
| | Name | | | - | Last 4 digits of account number |
| | Number | Street | | | - |
| | City | | State | ZIP Code | - |
| | | | ap a Life Co | 5555 | On which line in Part 1 dld you enter the creditor? |
| | Name | | | | Last 4 digits of account number |
| | Number | Street | | <u>-</u> | - |
| | | | | | |
| | City | | State | ZIP Code | |
| | Name | | | | On which line in Part 1 did you enter the creditor? Last 4 digits of account number |
| | | Ofens | | | |
| | Number | Street | | | _ |
| | City | _ | State | ZIP Code | _ |

Case 22-41405-drd13 Doc 19 Filed 12/27/22 Entered 12/27/22 10:46:21 Desc Main Page 19 of 48 Fill in this information to identify your case PATRICIA LYNN JOHNSON RUSHING Debtor 1 Middle Name (Spouse, If filing) First Name Middle Name Last Name District of United States Bankruptcy Court for the: Check if this is an amended filing (If known) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). **List All of Your PRIORITY Unsecured Claims** Part 1: 1. Do any creditors have priority unsecured claims against you? ■ No. Go to Part 2. Yes. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim. list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim **Priority** Nonpriority amount amount 2,1 Last 4 digits of account number 9 5 1 3 \$ 1,000.00 \$ KC WATER DEPT Priority Creditor's Name 01/20/2001 PO BOX 807045 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. KANSAS CITY MO 64127 Contingent State ZIP Code Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government ☐ Check If this claim is for a community debt Claims for death or personal injury while you were intoxicated Is the claim subject to offset? Other. Specify ☐ No ☐ Yes KC WATER DEPT 3.500.00 086 Last 4 digits of account number Priority Creditor's Name 01/12/2020 When was the debt incurred? PO BOX 807045 As of the date you file, the claim is: Check all that apply. KCMO 64127 Contingent ZIP Code Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were ☐ Check if this claim is for a community debt intoxicated Other. Specify

☐ No Yes

is the claim subject to offset?

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| Part | | · | | | 11 1 15 · |
|------|---|---|-------------|--------------------|-----------------------|
| Afte | r listing any entries on this page, number them | beginning with 2.3, followed by 2.4, and so forth. | Total claim | Priority amount | Nonpriority amount |
| | | Last 4 digits of account number 9 6 3 0 | \$13.00 | \$ | \$ |
| | Priority Creditor's Name WATER DEPT | When was the debt incurred? 01/12/2021 | | | |
| | Number Street PO BOX 807045 | As of the date you file, the claim is: Check all that apply. | | | |
| | KCMO City State ZIP Code | ☑ Contingent☑ Unliquidated | | | |
| | Who Incurred the debt? Check one. | ☐ Disputed | | | |
| | Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | ☐ Domestic support obligations | | | |
| | At least one of the debtors and another | Taxes and certain other debts you owe the government Claims for death or personal injury while you were | | | |
| | ☐ Check if this claim is for a community debt | intoxicated Other. Specify | | | |
| | is the claim subject to offset? | | | | |
| | □ No □ Yes | | | | |
| | EVERGY | Last 4 digits of account number 2 9 3 4 | \$ 800.00 | \$ | \$ |
| | Priority Creditor's Name PO BOX 219330 | When was the debt incurred? | | | |
| | Number Street | | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | |
| | KCMO 64121 City State ZIP Code | ☐ Contingent☐ Unliquidated | | | |
| | · | ☐ Disputed | | | |
| | Who incurred the debt? Check one. | - CREATIVE | | | |
| | Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | Domestic support obligations | | | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | Taxes and certain other debts you owe the government | | | |
| | | Claims for death or personal injury while you were intoxicated | | | |
| | ☐ Check if this claim is for a community debt | Other. Specify | | | |
| | Is the claim subject to offset? | | | | |
| | ☑ No □ Yes | | | | |
| | LATEIFA ROBERTS Priority Creditor's Name | Last 4 digits of account number | \$ 5,000.00 | \$ | \$ |
| | 4101 E 16TH TERR | When was the debt incurred? | | | |
| | Number Street KCMO 64127 | As of the date you file, the claim is: Check all that apply. | | | |
| | | ☐ Contingent | | | |
| | City State ZIP Code | Unliquidated | | | |
| | Who Incurred the debt? Check one. | ☐ Disputed | | | |
| | Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| | Debtor 2 only | ☐ Domestic support obligations | | | |
| | ☐ Debtor 1 and Debtor 2 only | Taxes and certain other debts you owe the government | | | |
| | At least one of the debtors and another | Claims for death or personal injury while you were | | | |
| | ☐ Check if this claim is for a community debt | intoxicated Other. Specify | | | |
| | Is the claim subject to offset? | | | | |
| | □ No □ Yes | | | | |

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| Pa | rt 2: | List All of Your NONPRIORITY Unse | cured Claims | | | |
|-----|-------------------|--|---------------------|---|----------|---------------|
| 3. | Do any | y creditors have nonpriority unsecured cla | ims against you? | | | |
| | □ No | . You have nothing to report in this part. Subn | | | | |
| | ₩ Ye | S | | | | |
| | nonpro include | onty unsecured claim, list the creditor separate | ely for each claim. | rder of the creditor who holds each claim. If a creditor has For each claim listed, identify what type of claim it is. Do not it the other creditors in Part 3.If you have more than three no | t list c | laims already |
| | | | | | Tr | otal claim |
| 1.1 | 1 | KCON COUNTY | | . 4 3 5 3 | | The Grants |
| | | rity Creditor's Name | | Last 4 digits of account number 4 3 5 3 | \$ | 23,000.00 |
| | | E 12TH | | When was the debt incurred? 01/12/2020 | | |
| | Numbe | | | | | |
| | KCN City | | ZIP Code | As of the date you file, the claim is: Check all that apply. | | |
| | City | State | 211 0000 | | | |
| | Who | Incurred the debt? Check one. | | Unliquidated | | |
| | ☐ De | ebtor 1 only | | ☐ Disputed | | |
| | ☐ De | ebtor 2 only | | | | |
| | | ebtor 1 and Debtor 2 only | | Type of NONPRIORITY unsecured claim: | | |
| | LI At | least one of the debtors and another | | Student loans | | |
| | ☐ C | heck if this claim is for a community debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | is the | claim subject to offset? | | Debts to pension or profit-sharing plans, and other similar debts | 3 | |
| | ☐ No | = | | Other. Specify TAXES PRIORITY | | |
| | ☐ Ye | es | | | | |
| .2 | | er combine der c | | Last 4 digits of account number | \$ | |
| | Nonpri | ority Creditor's Name | | When was the debt incurred? | | |
| | | | | | | |
| | Numbe | er Street | | As of the date you file, the claim is: Check all that apply. | | |
| | City | State | ZIP Code | Contingent | | |
| | Who | incurred the debt? Check one. | | ☐ Unliquidated | | |
| | | ebtor 1 only | | Disputed | | |
| | | abtor 2 only | | T. CHONDRIDDITY Labeles | | |
| | | ebtor 1 and Debtor 2 only | | Type of NONPRIORITY unsecured claim: | | |
| | LI At | least one of the debtors and another | | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce | | |
| | ☐ ci | heck if this claim is for a community debt | | that you did not report as priority claims | | |
| | is the | claim subject to offset? | | Debts to pension or profit-sharing plans, and other similar debts | | |
| | □ No | = | | Other. Specify | | |
| _ | ☐ Ye | 9\$ | | | | |
| l.3 | <u> </u> | | | Last 4 digits of account number | œ. | |
| | Nonpri | ority Creditor's Name | | When was the debt incurred? | 4 | |
| | Numbe | er Street | | | | |
| | | | | As of the date you file, the claim is: Check all that apply. | | |
| | City | State | ZIP Code | _ | | |
| | Who | incurred the debt? Check one. | | ☐ Contingent ☐ Unliquidated | | |
| | | ebtor 1 only | | ☐ Disputed | | |
| | | ebtor 2 only ebtor 1 and Debtor 2 only | | | | |
| | | : least one of the debtors and another | | Type of NONPRIORITY unsecured claim: | | |
| | _ | | | Student loans | | |
| | | heck if this claim is for a community debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | Is the | claim subject to offset? | | Debts to pension or profit-sharing plans, and other similar debts | ; | |
| | ☐ Ye | - | | Other. Specify | | |
| | | | | | | |

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PATRICIA LYNN JOHNSON RUSSIGNMent Page 22 of As number (if known)
First Name Middle Name Last Name

Debtor 1

| P | ы | - | 12 | a |
|-----|----|---|----|---|
| 2.5 | с. | | | ч |

Your NONPRIORITY Unsecured Claims — Continuation Page

| Last 4 digits of account number S | Afte | er listing any entries on this page, number them | beginning with | 4.4, followed by 4.5, and so forth. | Total claim |
|--|------|---|----------------|---|-------------|
| When was the debt incurred? As of the date you file, the claim is: Check all that apply. Confingent Uniquidated | | | | Last 4 digits of account number | \$ |
| Contingent Con | | Nonpriority Creditor's Name | | When was the debt incurred? | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 2 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only No No Norpriority Check if this claim is for a community debt Is the claim subject to offset? Nonpriority Check one. Debtor 1 only Nonpriority Check one. Debtor 1 only Nonpriority Check one. Debtor 1 only Debtor 1 only Debtor 1 only Nonpriority Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 2 only Debtor 4 only Debtor 5 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 9 only Debt | | Number Street | | As of the date you file, the claim is: Check all that apply. | |
| Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 2 only Debtor 4 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 6 only Deb | | City State | ZIP Code | • | |
| Debtor 1 and Debtor 2 only Sudent loans Student loans Collegations arising out of a separation agreement or divorce that you did not report as priority dainre Debtor 1 and Debtor 2 only State ZIP Code Contingent Student loans Collegations arising out of a separation agreement or divorce that you did not report as priority dainre Debtor 2 only Contingent Contingent Contingent Contingent Contingent Collegations arising out of a separation agreement or divorce that you did not report as priority dainre Collegations arising out of a separation agreement or divorce that you did not report as priority dainre Collegations arising out of a separation agreement or divorce that you did not report as priority dainre Collegations arising out of a separation agreement or divorce that you did not report as priority dainre Collegations arising out of a separation agreement or divorce that you did not report as priority dainre Collegations arising out of a separation agreement or divorce that you did not report as priority dainre Collegations arising out of a separation agreement or divorce that you did not report as priority dainre Collegations arising out of a separation agreement or divorce that you did not report as priority dainre Collegations arising out of a separation agreement or divorce that you did not report as priority dainre Collegations arising out of a separation agreement or divorce that you did not report as priority dainre Collegations arising out of a separation agreement or divorce that you did not report as priority dainre Collegations arising out of a separation agreement or divorce that you did not report as priority dainre Collegations arising out of a separation agreement or divorce that you did not report as priority dainre Collegations arising out of a separation agreement or divorce that you did not report as priority dainre Collegations arising out of a separation agreement or divorce that you did not report as priority dainre Collega | | _ | | ☐ Disputed | |
| At least one of the debtors and another Check if this claim is for a community debt Steet claim subject to offset? Check if this claim is for a community debt Steet claim subject to offset? Check if this claim is for a community debt Chec | | Debtor 2 only | | | |
| Check if this claim is for a community debt Check offset? | | | | Obligations arising out of a separation agreement or divorce that | |
| No | | igspace Check if this claim is for a community debt | | | |
| Yes | | | | Other. Specify | |
| Number Street As of the date you file, the claim is: Check all that apply. | | = | | | |
| Number Street As of the date you file, the claim is: Check all that apply. | | | | Last 4 digits of account number | \$ |
| City State ZIP Code Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only State of the debtors and another Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 3 only Debtor 4 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only | | Nonpriority Creditor's Name | | When was the debt incurred? | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 3 only Debtor 4 and Debtor 5 only Debtor 5 and Debtor 5 only Debtor 6 and Debtor 5 only Debtor 6 and Debtor 6 and Debtor 8 and another Debtor 6 and Debtor 8 and another Debtor 7 and Debtor 9 only Debtor 1 only Debt | | Number Street | | As of the date you file, the claim is: Check all that apply. | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only At least one of the debtors and another Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 acommunity debt Is the claim subject to offset? No Yes Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. City State Zip Code Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 only Debtor 1 and Debtor 2 only Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 only Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 3 only obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 5 only obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 5 only obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 5 only obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 5 only obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 5 only obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 5 only obligations arising out of a separation agreement or divorce that you did not report as priority claims | | City State | ZIP Code | | |
| Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Other. Specify Other. Specify Other. Specify Other. Specify State | | _ | | · | |
| At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. City State ZIP Code Contingent Unliquidated Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Check if this claim is for a community debt Is the claim subject to offset? No Cother. Specify State ZIP Code Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Debtor 1 and Debtor 2 only Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Cother. Specify Check. Specify Cother. Specify | | ☐ Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community debt State claim subject to offset? Other. Specify Other. Spe | | _ | | | |
| Is the claim subject to offset? No Yes Last 4 digits of account number Nampriority Creditor's Name When was the debt incurred? As of the date you file, the claim Is: Check all that apply. City State ZIP Code Contingent Unliquidated Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Other. Specify Check of the date you file, the claim Is: Check all that apply. Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify | | ☐ Check if this claim is for a community debt | | you did not report as priority claims | |
| Yes Last 4 digits of account number Street When was the debt incurred? | | Is the claim subject to offset? | | | |
| Number Street As of the date you file, the claim Is: Check all that apply. City State ZIP Code Contingent Unliquidated Unliquidated Unliquidated Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No When was the debt incurred? As of the date you file, the claim Is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Other. Specify | | | | | |
| Number Street As of the date you file, the claim Is: Check all that apply. City State ZIP Code Contingent Unliquidated Unliquidated Disputed Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No When was the debt incurred? As of the date you file, the claim Is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify Other. Specify | | | | Last 4 digits of account number | \$ |
| City State ZIP Code Contingent Unliquidated Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No | | Nonpriority Creditor's Name | | When was the debt incurred? | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Other. Specify | | Number Street | | As of the date you file, the claim is: Check all that apply. | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Other. Specify | | City State | ZIP Code | | |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Debtor 1 and Debtor 2 only □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify □ No | | | | | |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ the claim subject to offset? □ No □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify □ | | • | | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community debt Is the claim subject to offset? No | | Debtor 1 and Debtor 2 only | | | |
| Is the claim subject to offset? Other. Specify No | | | | you did not report as priority claims | |
| | | | | | |
| | | □ No □ Yes | | | |

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PATRICIA LYNN JOHNSON RUST Page 23 of 48 number (if known)

First Name Middle Name Last Name

Part 3:

List Others to Be Notified About a Debt That You Already Listed

| kample, if | a collection ager | ncy is trying to c | ollect from you | your bankruptcy, for a debt that you already listed in Parts 1 or 2. For u for a debt you owe to someone else, list the original creditor in Parts 1 or more than one creditor for any of the debts that you listed in Parts 1 or 2, list the ns to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. |
|------------|--|---|-----------------|--|
| Juluonai c | reditors fiere. If yo | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | | 5 (Ohastana) Til Bort 1: Creditors with Priority Unsecured Claims |
| | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | ☐ Part 2: Creditors with Nonpriority Unsecured Clair |
| | | | | Last 4 digits of account number |
| City | | State | ZIP Code | |
| | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | ☐ Part 2: Creditors with Nonpriority Unsecured |
| | | | | Claims |
| | | State | ZIP Code | Last 4 digits of account number |
| City | | State | ZIF 0008 | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | <u> </u> | | | |
| | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | Part 2: Creditors with Nonpriority Unsecured |
| | <u>. </u> | | | Claims |
| City | | State | ZIP Code | Last 4 digits of account number |
| • | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | Part 2: Creditors with Nonpriority Unsecured |
| -um-001 | ward. | | | Claims |
| | | | | Last 4 digits of account number |
| City | | State | ZIP Code | |
| h1 | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | ☐ Part 2: Creditors with Nonpriority Unsecured |
| | | | | Claims |
| | | | 710.0 | Last 4 digits of account number |
| City | - 5 - 15 *- | State | ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | | |
| | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | | |
| City | 3 " 3 0" | State | ZIP Code | Last 4 digits of account number |
| | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | <u> </u> | | Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured |
| | | | | Claims |
| | | | | Last 4 digits of account number |
| City | | State | ZIP Code | |

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Debtor 1

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | Total claim | |
|--------------|---|-------------|-------------|-----------|
| Total claims | 6a. Domestic support obligations | 6a. | \$ | 0.00 |
| from Part 1 | 6b. Taxes and certain other debts you owe the government | 6b. | \$ | 23,000.00 |
| | 6c. Claims for death or personal injury while you were Intoxicated | 6c. | \$ | |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | +\$ | 14,513.00 |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$ | 37,513.00 |
| | | | Total claim | |
| Total claims | 6f. Student loans | 6f. | \$ | |
| from Part 2 | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | |
| | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | + \$ | |
| | 6j, Total. Add lines 6f through 6i. | 6 j. | | |

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| | | | | Document | Page 25 | 5 of 48 | |
|------|-------------------------------------|---|----------------------------|---------------------------|-----------------|---|---|
| Fill | in this inf | ormation to iden | tify your c | ase | | | |
| Deb | ntor F | PATRICIA LYN | IN JOHN | ISON RUSHING | | | |
| | | First Name | Midd | le Name Last Name | | | |
| | ouse If filing) | First Name | Midd | ile Name Last Name | _ | | |
| Uni | ted States B | ankruptcy Court for | | | | | |
| | se number | 22- | 4140 | 15 | | | ☐ Check if this is an |
| | | <u></u> | | | | _ | amended filing |
| | | 4000 | | | | | |
| | | orm 106G | _ | | | | |
| ŠC | hedu | ile G: Ex | ecuto | ory Contracts | and Un | expired Leases | 12/15 |
| 2 | List separ example, unexpired | ately each perso rent, vehicle leas leases. | on or comp se, cell pho | any with whom you have th | e contract or I | on Schedule A/B: Property (Official lease. Then state what each con instruction booklet for more exampled. State what the contract or leas | tract or lease is for (for oles of executory contracts and |
| | Number | Street | <u></u> | | | | |
| | - | | 04-1- | 710 0-4- | | | |
| | City | | State | ZIP Code | | | |
| 2,2 | Name | - | | | | | |
| | Name | | | | | | |
| | Number | Street | | | | | |
| | City | | State | ZIP Code | | | |
| 2.3 | | | | | | | |
| | Name | | | | | | |
| | Number | Street | | | | | |
| | | | | | | | |
| | City | | State | ZIP Code | | | |

Name

Name

Number

City

Number Street

Street

City State ZIP Code

State

ZIP Code

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Debtor 1

PATRICIA LYNN JOHNSON RUSHING

Additional Page if You Have More Contracts or Leases

What the contract or lease is for Person or company with whom you have the contract or lease 2.2 Name Number Street State ZIP Code City 2._ Name Number Street City State ZIP Code 2._ Name Number Street City State ZIP Code Name Number Street City State ZIP Code 2._ Name Number Street City ZIP Code State 2.__ Name Number Street ZIP Code City State 2._ Name Number Street City State ZIP Code Name Street Number City State ZIP Code

| Fill in this information to id | | ocament rage z |
|--|-------------------|----------------|
| Debtor 1 PAT LYNN J | OHNSON RUSHING | |
| First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) First Name | Middle Name | Last Name |
| United States Bankruptcy Court | for the: District | of |
| Case number2_2_ | =41405 | |

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| Lase | indiliber (il kilowii). Aliswo | i avery ducement | | |
|------|--|---|--|--|
| | Oo you have any codebtors ☑ No | s? (If you are filing a joint case, do r | not list either spouse as | a codebtor.) |
| | Yes | | | |
| 2. \ | Within the last 8 years, hav Arizona, California, Idaho, Lo | re you lived in a community prop ouisiana, Nevada, New Mexico, Puo | erty state or territory? erto Rico, Texas, Wash | (Community property states and territories include ington, and Wisconsin.) |
| | No. Go to line 3. | | | |
| 1 | Yes. Did your spouse, fo | rmer spouse, or legal equivalent liv | e with you at the time? | |
| | □ No | · | | |
| | Yes. In which commu | unity state or territory did you live? | | Fill in the name and current address of that person. |
| | | | | |
| | | | | |
| | Name of your spouse, form | ner spouse, or legal equivalent | | |
| | No. of the last of | | | |
| | Number Street | | | |
| | City | State | ZIP Code | |
| | - | | | if your spouse is filing with you. List the person |
| | Schedule D (Official Form Schedule E/F, or Schedule Column 1 Your codebtor | 106D), Schedule E/F (Official For G to fill out Column 2. | m 106E/F), or Schedu | r. Make sure you have listed the creditor on the G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt |
| | COMMIT / TOOL COURSE | | | Check all schedules that apply: |
| 3.1 | | | | Schedule D, line |
| | Name | | | Schedule E/F, line |
| | N. of Steed | | | Schedule G, line |
| | Number Street | | | Gariedic S, line |
| | City | State | ZIP Code | |
| 3.2 | | | | D. Cabadala D. Spo |
| | Name | - | | Schedule D, line |
| | | | | Schedule E/F, line |
| | Number Street | | | ☐ Schedule G, line |
| | City | State | ZIP Code | |
| 3.3 |] | | | |
| 0.0 | Name | | | Schedule D, line |
| | 1.4qtsta | | | ☐ Schedule E/F, line |
| | Number Street | | 576 | Schedule G, line |
| | | | 7000-4- | |
| | City | State | ZIP Code | AND THE PARTY OF T |

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| Fill in this | information to identify your case | |
|--------------------------------|---|-----------|
| Debtor 1 | PAT LYNN JOHNSON RUSHING First Name Middle Name | Last Name |
| Debtor 2 (Spouse, if filing | g) First Name Middle Name | Last Name |
| United State | s Bankruptcy Court for the: District of | |
| Case numbe | 1 22-4140 | |
| | | |

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the entries are necessary. Answer every question.

| o you have any codebtors I No I Yes | ? (If you are filing a joint case, do r | not list either spouse as a | a codeptor.) |
|---|---|---|--|
| ithin the last 8 years, hav | re you lived in a community prop puisiana, Nevada, New Mexico, Pu | erty state or territory? erto Rico, Texas, Washir | (Community property states end territories include ngton, and Wisconsin.) |
| No. Go to line 3. | | a with very at the time? | |
| J Yes. Did your spouse, to □ No | rmer spouse, or legal equivalent liv | e with you at the time? | |
| | unity state or territory did you live? | , F | Fill in the name and current address of that person. |
| Name of your spouse, form | ner spouse, or legal equivalent | | |
| Number Street | | | |
| City | State | ZIP Code | |
| hown in line 2 again as a | codebtor only if that person is a 106D), Schedule E/F (Official For | guarantor or cosigner. | if your spouse is filing with you. List the person Make sure you have listed the creditor on e G (Official Form 106G). Use Schedule D, |
| hown in line 2 again as a Schedule D (Official Form | codebtor only if that person is a 106D), Schedule E/F (Official For | guarantor or cosigner. | Make sure you have listed the creditor on |
| hown in line 2 again as a schedule D (Official Form schedule E/F, or Schedule | codebtor only if that person is a 106D), Schedule E/F (Official For | guarantor or cosigner. | Make sure you have listed the creditor on e G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the c |
| hown in line 2 again as a schedule D (Official Form schedule E/F, or Schedule | codebtor only if that person is a 106D), Schedule E/F (Official For | guarantor or cosigner. | Make sure you have listed the creditor on e G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the c |
| hown in line 2 again as a chedule D (Official Form schedule E/F, or Schedule Column 1 Your codebtor | codebtor only if that person is a 106D), Schedule E/F (Official For | guarantor or cosigner. | Make sure you have listed the creditor on e G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the column check all schedules that apply: Schedule D, line |
| hown in line 2 again as a chedule D (Official Form schedule E/F, or Schedule Column 1 Your codebtor | codebtor only if that person is a 106D), Schedule E/F (Official For | guarantor or cosigner. | Make sure you have listed the creditor on e G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the concept all schedules that apply Schedule D, line |
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| hown in line 2 again as a chedule D (Official Form schedule E/F, or Schedule Column 1 Your codebtor Name Number Street City | codebtor only if that person is a 106D), Schedule E/F (Official For e G to fill out Column 2. | guarantor or cosigner. rm 106E/F), or <i>Schedul</i> e | Make sure you have listed the creditor on a G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the C Check all schedules that apply Schedule D, line Schedule E/F, line Schedule D, line Schedule D, line |
| hown in line 2 again as a chedule D (Official Form schedule E/F, or Schedule Column 1 Your codebtor Name Number Street Number Street | codebtor only if that person is a 106D), Schedule E/F (Official For e G to fill out Column 2. | guarantor or cosigner. m 106E/F), or Schedule | Make sure you have listed the creditor on a G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the C Check all schedules that apply Schedule D, line Schedule E/F, line Schedule D, line Schedule D, line Schedule D, line Schedule D, line |
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PAT LYNN JOHNSON RUSHING Page 29 of 48

Case number (# Known) 22-41405

Debtor 1

| • | - | _ | - | | - | - | _ | | | | _ | _ | _ | | |
|---|----|----|---|---|-------|---|------|-----|----|-----|---|-------|---------------|------|------|
| t | Na | me | | Т | | N | fide | lle | N: | ıme | | Т | $\overline{}$ | La | st N |

| | Column 1 Your codebtor | | | Column 2: The creditor to whom you owe the debt |
|---|------------------------|--|----------|---|
| 3 | | | | Check all schedules that apply. |
| 3 | | | | Schedule D, line |
| | Name | | | Schedule E/F, line |
| | Number Street | | | Schedule G, line |
| | City | State | ZIP Code | |
| 3 | | and the desired services of the services of th | | |
| | Name | | | Schedule D, line |
| | | | | Schedule E/F, line |
| | Number Street | | | Schedule G, line |
| | City | State | ZIP Code | |
| 3 | | <u></u> | | Schedule D, line |
| | Name | | | ☐ Schedule E/F, line |
| | Number Street | | | Schedule G, line |
| | City | State | ZIP Code | _ |
| 3 | | | | |
| J | Name | | | Schedule D, line |
| | TSMITS | | | ☐ Schedule E/F, line |
| | Number Street | | | Schedule G, line |
| | City | State | ZIP Code | |
| 3 | | | | Schedule D, line |
| | Name | | · | Schedule E/F, line |
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| | Name | | | ☐ Schedule E/F, line |
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| | City | State | ZIP Code | |
| 3 | | | | Schedule D, line |
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| | City | State | ZIP Code | |
| 3 | | | | D Catadala D line |
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PAT LYNN JOHNSON RUSHING

Case number (# known) 22-41405

Debtor 1

| PAT | LYNN | JOHNSON | RUSHI |
|-----|------------|----------------|----------|
| | P 1 1 41 4 | | 1 100111 |

First Name Middle Name

| Column 1 Your codebtor | | | Column 2: The creditor to whom you owe the deb |
|--|---|-------------|--|
| Colores I I I Call Codesion | | | Check all schedules that apply: |
| | | | Schedule D, line |
| Name | | | Schedule E/F, line |
| | | | Schedule G, line |
| Number Street | | | |
| City | State | ZIP Code | AND |
| | | | Schedule D, line |
| Name | | · · | Schedule E/F, line |
| | | | Schedule G, line |
| Number Street | | | |
| City | State | ZIP Code | |
| | | | Schedule D, line |
| Name | | | Schedule E/F, line |
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| City | State | ZIP Code | _ |
| | | | |
| Name | <u></u> | | Schedule D, line |
| | | | Schedule E/F, line |
| Number Street | | | Schedule G, line |
| City | State | ZIP Code | _ |
| The second secon | COLOR DE LA COLOR | Ell Oxfo | |
| Name | | | Schedule D, line |
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| City | State | ZIP Code | _ |
| City | Jaic | ZIF VVVB | |
| Name | | | Schedule D, line |
| | | | Schedule E/F, line |
| Number Street | | | Schedule G, line |
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| City | State | ZIP COUP | |
| Name | <u></u> | | Schedule D, line |
| | | | Schedule E/F, line |
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| O't. | Cht. t. | 70.0-1- | |
| City | State | ZIP Code | |
| Name | | | Schedule D, line |
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| Number Street | | | Schedule G, line |
| | | | |
| City | State | ZIP Code | |

Case 22-41405-drd13 Doc 19 Filed 12/27/22 Entered 12/27/22 10:46:21 Desc Main Document Page 31 of 48

| Debtor 2 PATRICIA LYNN JOHNSON RUSHING Figures Last James Last | Fill in this information to identify y | our case | | | |
|--|---|--|------------------------------------|--------------------|--|
| Debtor 2 Glove Betalts About Menthsty Income Employer's address Debtor 1 Debtor 2 or non-filing spouse Employer's name Employer's address Debtor 1 Debtor 2 or non-filing spouse Debtor 3 Debtor 3 Debtor 4 Debtor 5 Debtor 5 Debtor 6 Debtor 6 Debtor 6 Debtor 6 Debtor 7 Debtor 8 Debtor 8 Debtor 8 Debtor 8 Debtor 9 D | PATRICIA LYNN J | OHNSON RUSHING | | -C-1/-1 | |
| Check if this is: Check if this is: Check if this is: A amended filing | First Name | | at Name | | |
| Check if this is: An amended filing An appearant showing postpetition chapter 13 income as of the following date: MM / DD / YYYY Schedule I: Your Income 12/15 Ga as complete and accurate as possible. If the married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for report of the property of the response in filing pointly, and your appearant and your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Port 1: Describe Employment If you have more than one job, attach a separate space with information about source pouse. If more space is needed, attach a separate space with information about detidional pages, write your name and case number (if known). Answer every question. Port 1: Describe Employment If you have more than one job, attach a separate space with information about your spouse. If more space is needed, attach a separate page with information about additional pages. If you have more than one job, attach a separate space with information about your spouse. If more space is needed, attach a separate space with information about your spouse. If more space is needed, attach a separate space with information about your spouse. If more space is needed, attach a separate space with information about your spouse. If more space is needed, attach a separate space with information about your spouse. If more space is needed, attach a separate space with information about your spouse. If you have nothing income as of the date you file this form. If you have nothing to report for any line, write 50 in the space. Include your non-filing spouse have more than one amployer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse. 1: List monthly gross wages, salary, and commissions (before all payrol deductions). If not pa | | Middle Name La | st Name | | |
| An amended filing | United States Bankruptcy Court for the: _ | District of | | | |
| Official Form 106 Schedule I: Your Income 12/15 Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), but are equally responsible for supplying correct information. If you are married and not filling jointly, and your spouse is thing with you, in the information about you repuise. If you are separated and your spouse is not filling with you, do not include information about your spouse. If you are separated undy our spouse is not filling with you, do not include information about your spouse. If you are separated undy our spouse is not filling with you, do not include information about your spouse. If you are separated undy our spouse is not filling with you, do not include information about your spouse. If you have made as number (if known). Answer every question. Part 1: Describe Employment 1. If ill in your employment information. If you have more than one job, stach a separate lange with information about additional employers. Include spot-sine, seasonal, or self-employed work. Occupation may include student or homemaker, if it apples. Employer's address Employer's address Employer's address Number Street Number Street Number Street Number Street Number Street Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space, include your non-filling spouse have more than one employer, combine the information for all employers for that person on the lines below. If you are more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to his form. For Debtor 1 For Debtor 2 or non-filling spouse 2. Liet monthly gross wages, salary, and commissions (before all payrell deductions). If not paid monthly, calculate what the monthly wage would be. 2. S. Estimate and list monthly overtime pay. | | 0 41405 | | | |
| Schedule I: Your Income 12/15 | (If known) | | | | |
| Be as complete and accurate as possible. If two married people are filing together (Dabter 1 and Debter 2), both are equally responsible for supplying correct information. If you are separated and not filing jointly, and yer spouse is thing with you, include information about your apouse. If more space is needed, attach a fiyou are separated and your spouse is not filling jointly, and yer spouse is thing with you, are governed and your spouse. If more space is needed, attach a fiyou are separated and your spouse. If more space is needed, attach a separate abset to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 12 Describe Employment If you have more than one job, attach a separate page with information about additional neophoges. Include part-line, seasonel, or self-employed work. Cocupation about additional pages, write your name and case number (if known). Answer every question. Cocupation about additional pages, write your name and case number (if known). Answer every question. Debtor 1 Debtor 2 or non-filling spouse Employer's name Employed work. City State ZIP Code City State ZIP Code How long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you are your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 1. Estimate and list monthly overtime pay. 3. + \$ | | | | income a | ment showing postpetition chapter 13 as of the following date: |
| Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are separated and your spouse is filling with you, do not include information about your spouse. If more space is needed, attach a fire you are separated and your spouse is not filling with you, do not include information about your place. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: | Official Form 106l | | | MM / DD / | YYYY |
| Put 1: Describe Employment 1. Fill in your employment information about your spouse is not filling with you, as experted and your spouse is not filling with you, as experted and your spouses in the form. On the top of any additional pages, write your name and case number (if known). Answer every question. Put 1: Describe Employment 1. Fill in your employment information. 1. You have more than one job, attach a separate page with information about additional employers. 1. Include part-filme, seasonal, or self-employed work. 1. Occupation may include student or homemaker, if it applies. 2. Employer's address Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse below. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse. 2. Liet monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. + \$ | Schedule I: You | r Income | | | 12/15 |
| Information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation Occupation Occupation Occupation Employer's name Employer's address Number Street Number St | supplying correct information. π yo if you are separated and your spouseparate sheet to this form. On the | u are married and not ming se is not filing with you, do top of any additional pages | g jointry, and your spoo | n shout your shous | e. If more space is needed, attach a |
| Information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's name Employer's name Employer's address Number Street Number Street Number Street | Fill in your employment | | Dobtor 1 | | Debtor 2 or non-filing spouse |
| attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. City State ZIP Code City State ZIP Code How long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse have more than one employer, combine the information for all employers for that person on the lines deductions). If not paid monthly, calculate what the monthly wage would be. 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. + \$ | | | Debtor 1 | | THE STATE OF THE S |
| Self-employed work. Occupation may include student or homemaker, if it applies. Employer's name Employer's address Number Street | attach a separate page with information about additional | Employment status | | | |
| Occupation may include student or homemaker, if it applies. Employer's name Employer's address Number Street | | | | | |
| Employer's address Number Street Number Street | Occupation may include student | Occupation | | | |
| Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse have more than one employers attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. +\$ | | Employer's name | | | |
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| How long employed there? Part 2: Give Details About Monthly income | | | City State | ZIP Code | City State ZIP Code |
| Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. +\$ | | Here long employed there | Oily | | |
| Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. +\$ + \$ | | How loud emblodes mou | | | |
| spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. + \$ + \$ | Part 2: Give Details About | t Monthly income | _ | | |
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. +\$ | spouse unless you are separated | l. ave more than one employer | r, combine the informatio | | |
| deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ | | | | For Debtor 1 | |
| 3. Estimate and list monthly overaline pay. | List monthly gross wages, sai deductions). If not paid monthly | lary, and commissions (be , calculate what the monthly | fore all payroll wage would be. 2. | \$ | \$ |
| 4. Calculate gross income. Add line 2 + line 3. | 3. Estimate and list monthly over | ertime pay. | 3. | +\$ | + \$ |
| | 4. Calculate gross income. Add | line 2 + line 3. | 4. | \$ | \$ |

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Debtor 1 PATRICIA LYNN JOHNSON RUSHI
First Name Middle Name Last Name

| N RUSHING | Case number (if known) | 22 | <u> - 41</u> | 4 | 0 | 5 | |
|-----------|------------------------|----|--------------|---|---|---|--|
| | | | | | | | |

| | | | For Debtor 1 | For Debtor 2 or non-filing spouse | |
|--------------|--|------------------|--|--|-------------------------|
| Co | py line 4 here | 4. | \$ | \$ | |
| Lis | t all payroll deductions: | | | | |
| | a. Tax, Medicare, and Social Security deductions | 5a. | \$ | \$ | |
| | o. Mandatory contributions for retirement plans | 5b. | \$ | \$ | |
| | Voluntary contributions for retirement plans | 5c. | \$ | \$ | |
| | Required repayments of retirement fund loans | 5d. | \$ | \$ | |
| | e. Insurance | 5e. | \$ | \$ | |
| _ | . Insurance . Domestic support obligations | 5f. | \$ | \$ | |
| | | 5g. | \$ | \$ | |
| | g. Union dues | _ | +\$ | + s | |
| | h. Other deductions. Specify: | 6. | ¢ | • | |
| | dd the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. | 7. | \$ | \$ | |
| 7. C | alculate total monthly take-home pay. Subtract line 6 from line 4. | 1. | 4 | * <u></u> | |
| | st all other income regularly received: | | | | |
| 8 | a. Net income from rental property and from operating a business, profession, or farm | | | | |
| | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$4,000.00 | \$ | |
| 8 | b. Interest and dividends | 8b. | \$ | \$ | |
| 8 | Family support payments that you, a non-filing spouse, or a dependent regularly receive | ent | | | |
| | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | \$ | |
| 8 | d. Unemployment compensation | 8d. | \$ | \$ | |
| 1 | Be. Social Security | 8e. | \$ | \$ | |
| 1 | 3f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistan that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | \$ | s | |
| | Specify: | 8f. | Ψ | Y | |
| i | 3g. Pension or retirement income | 8g. | \$ | \$ | |
| | Sh. Other monthly income. Specify: | 8h. | +\$ | +\$ | |
| | Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$4,000.00 | \$ | |
| 10. C | alculate monthly income. Add line 7 + line 9. dd the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$ | + \$= | \$ |
| 11. S | tate all other regular contributions to the expenses that you list in Sche | dule . | J. | | |
| f | nclude contributions from an unmarried partner, members of your household, riends or relatives. | | | | |
| | o not include any amounts already included in lines 2-10 or amounts that are | | | enses listed in <i>Schedule J.</i> 11. + | e. |
| | pecify: | | | | 4 |
| 12. A | add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain | e resu Statis | It is the combined m tical Information, if it | onthly income. applies 12. | \$ |
| | Do you expect an increase or decrease within the year after you file this | | | | Combined monthly income |
| | No. | | | | |
| | Yes. Explain: | | | | |

| First Name Debtor 2 (Spouse, if filing) First Name United States Bankruptcy Court for the: Case number (If known) Official Form 106J | Middle Name Last Name Middle Name Last Name District of | Check if this i An amend A supplem expenses | ed filing nent show as of the | ving postpe following e | etition chapter 13 date: 12/15 |
|---|---|--|-------------------------------------|----------------------------|--------------------------------------|
| Be as complete and accurate as posinformation. If more space is needed (if known). Answer every question. | sible if two married people are fili | ng together, both are equally resp . On the top of any additional pag | oonsible fo | or supplyir your name | ng correct |
| Part Describe Your House | sehold | | | · <u>. —</u> | |
| 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live In a series. No. Yes. Debtor 2 must file | eparate household? Official Form 106J-2, Expenses for S | eparate Household of Debtor 2. | | | |
| Do you have dependents? Do not list Debtor 1 and | ☐ No☐ Yes. Fill out this information for | Dependent's relationship to Debtor 1 or Debtor 2 | Depe | endent's | Does dependent live with you? |
| Debtor 2. Do not state the dependents' | each dependent | SON | 18 | | □ No ☑ Yes |
| names. | | NIECE | <u>16</u> | | No Yes No Yes No Yes No Yes No Yes |
| Do your expenses include expenses of people other than yourself and your dependents? Doy 2. Feetimete Your Option | No Yes Monthly Expenses | | | | |
| Estimate Your Ongoi Estimate your expenses as of your expenses as of a date after the barrapplicable date. Include expenses paid for with nor | bankruptcy filing date unless you a kruptcy is filed. If this is a supplem | ental <i>Schedule J</i> , check the box | at the top | of the form | and fill in the |
| such assistance and have included | I it on Schedule I: Your Income (Off expenses for your residence. Include | icial Form 1061.) | - | Your expe | nses |
| any rent for the ground or lot. | npende or year residence. House | | 4. | <u> </u> | |
| if not included in line 4: 4a. Real estate taxes | | | 4a. \$ | S | |
| 4a. Real estate taxes4b. Property, homeowner's, or r | enter's insurance | | 4b. \$ | | |
| | | | 4c. \$ | | |
| 4c. Home maintenance, repair, | | | 4d. § | | |

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Debtor 1

PATRICIA LYNN JOHNSON RUSHING Fixt Name Middle Name Last Name

Case number (# known) 22 - 414 05

Your expenses 5. Additional mortgage payments for your residence, such as home equity loans 6. Utilities: 200.00 6a. Electricity, heat, natural gas 6a. 200.00 6b. Water, sewer, garbage collection 100.00 Telephone, cell phone, Internet, satellite, and cable services 6c. 6d. Other. Specify: 500.00 7. 7. Food and housekeeping supplies 8. 8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 10. Personal care products and services 11. Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. 12. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. 14 Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a 15a. Life insurance 15h 15b. Health insurance 15c. 15c. Vehicle insurance 15d. 15d. Other insurance. Specify:____ 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 16 Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. 17b. 17b. Car payments for Vehicle 2 17c. 17c. Other. Specify:_____ 17d. 17d. Other. Specify:__ 18. Your payments of allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20ส 20a. Mortgages on other property 20b. 20b. Real estate taxes 20c. 20c. Property, homeowner's, or renter's insurance 20d. 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues

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| De | btor 1 | PATRICIA LYNN JOHNSON RUSHING First Name Middle Name Lest Name | ber (# known) | | 11402 | _ |
|---|---------------|---|---------------|-----|----------|---|
| 21. | Othe | r. Specify: | 21. | +\$ | | |
| 22. | Calc | ulate your monthly expenses. | | | | |
| | 22a. | Add lines 4 through 21. | 22a. | \$ | 1,000.00 | |
| | 22b. | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 22b. | \$ | | : |
| | 22c. | Add line 22a and 22b. The result is your monthly expenses. | 22c. | \$ | 1,000.00 | |
| | | | | | | |
| | Calcu 23a. | late your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 4,000.00 | |
| | 23b. | Copy your monthly expenses from line 22c above. | 23b. | -\$ | 1,000.00 | |
| | 23c. | Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c. | \$ | 3,000.00 | |
| 24. | Do yo | ou expect an increase or decrease in your expenses within the year after you file this fo | orm? | | | |
| For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | | | | | | |
| | □ Ye | | | | | |

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| Fill in this | information to ider | itify your case | | 7.5 | |
|-------------------------------|----------------------------------|-----------------|-------------------|-----|---------------------------------------|
| Debtor 1 | PATRICIA LYI | NN JOHNSON RUS | HING Last Name | | |
| Debtor 2 (Spouse, if fill) | ng) First Name | Middle Name | Last Name | | |
| United State | es Bankruptcy Court for 2 2 - 11 | the: District | of | | |
| Case number (If known) | er _ | 1405 | | | Check if this is ar amended filing |
| | | <u> </u> | | | _ |

Official Form 107

| Part 1: Give Details About Your Marital St | | formation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case umber (if known). Answer every question. | | | | | | | |
|---|-------------------------------|---|----------------|-------------------------------|--|--|--|--|--|
| | tatus and Where Y | ou Lived Before | | | | | | | |
| What is your current marital status? | | | | | | | | | |
| Married □ Not married | | | | | | | | | |
| During the last 3 years, have you lived anywher No Yes. List all of the places you lived in the last 3 | 3 years. Do not include | where you live now. | | P. (- P. () - 0 | | | | | |
| Debtor 1: | Dates Debtor 1 lived there | Debtor 2: | | Dates Debtor 2 lived there | | | | | |
| | | Same as Debtor 1 | | Same as Debtor | | | | | |
| Number Street | From To | Number Street | | From | | | | | |
| City State ZIP Code | _ | City | State ZIP Code | | | | | | |
| | | Same as Debtor 1 | | Same as Debtor | | | | | |
| Number Street | From | Number Street | | From To | | | | | |
| | _ | | | | | | | | |
| City State ZIP Code | | City | State ZIP Code | | | | | | |

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| | | Boodinen | age of or 40 | 22=4 | 11100 |
|-----------------|---|--|--|---|--|
| Debtor 1 | PATRICIA LYNN JOHNSON F | RUSHING | Case nun | nber (if known) | 1405 |
| | | | | | |
| Fill If y | I you have any income from employment in the total amount of income you received ou are filing a joint case and you have income. No Yes, Fill in the details. | d from all jobs and all busi | nesses, including part-tin | ne activities. | ndar years? |
| | | Debior 1 | | Debtor 2 | |
| | | Sources of income Check all that apply | Gross income (before deductions and exclusions) | Sources of income Check all that apply | Gross income (before deductions and exclusions) |
| | From January 1 of current year until the date you filed for bankruptcy: | ☐ Wages, commissions, bonuses, tips☐ Operating a business | \$ 40,000.00 | Wages, commissions, bonuses, tips Operating a business | \$ |
| | For last calendar year: (January 1 to December 31, | □ Wages, commissions, bonuses, tips) □ Operating a business | \$48,000.00 | ☐ Wages, commissions, bonuses, tips☐ Operating a business | \$ |
| | For the calendar year before that: (January 1 to December 31, | ☐ Wages, commissions, bonuses, tips) ☐ Operating a business | \$48,000.00 | ☐ Wages, commissions, bonuses, tips☐ Operating a business | \$ |
| Ind un ga | d you receive any other income during to clude income regardless of whether that incomployment, and other public benefit payr mbling and lottery winnings. If you are filing the each source and the gross income from No | come is taxable. Examples nents; pensions; rental inc g a joint case and you hav | s of <i>other income</i> are alin ome; interest; dividends; e income that you receiv | money collected from laws ed together, list it only once | uits; royaities; and |
| | Yes. Fill in the details. | Debtor 1 | | Debtor 2 | |
| | | Sources of income Describe below | Gross income from each source (before deductions and exclusions) | Sources of income Describe below | Gross income from each source (before deductions and exclusions) |
| | From January 1 of current year until | | \$ | | \$ |

For last calendar year:

(January 1 to December 31,

For the calendar year before that: (January 1 to December 31, _____)

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Debtor 1

PATRICIA LYNN JOHNSON RUSHING
First Name Milddle Name Lost Name

Case number (#known) 22-41405

| P | al | 7 | н | ঽ | ļ |
|---|----|---|---|---|---|

List Certain Payments You Made Before You Filed for Bankruptcy

| | Neither Debtor 1 nor Debtor 3 "incurred by an individual prima During the 90 days before you | arily for a persor | ial, family, or h | ousehold purpose." | | (8) as |
|-------|--|--------------------|---------------------|---|-----------------------------|--------------------------------|
| | No. Go to line 7. | | | | | |
| | Yes. List below each credit total amount you paid child support and alim | that creditor. Do | not include o | \$7,575* or more in one ayments for domestic sunents to an attorney for the state of | apport obligations, such as | |
| | * Subject to adjustment on 4/0 | | | | | |
|] Yes | Debtor 1 or Debtor 2 or both | have primarily | consumer de | bts. | | |
| | During the 90 days before you | | | | \$600 or more? | |
| | ■ No. Go to line 7. | · | | | | |
| | Yes, List below each credit creditor. Do not include | le payments for | domestic supp | \$600 or more and the to ort obligations, such as ey for this bankruptcy ca | child support and | |
| | | | Dates of payment | Total amount paid | Amount you still owe | Was this payment for. |
| | | | | \$ | \$ | ☐ Mortgage |
| | Creditor's Name | | | , | | ☐ Car |
| | | | | | | Credit card |
| | Number Street | | | | | Loan repayment |
| | | | | | | Suppliers or vendo |
| | City State | ZIP Code | | | | Other |
| | Oily Guid | 211 0000 | | | | |
| | | | | \$ | \$ | ☐ Mortgage |
| | Creditor's Name | | | S | | ☐ Car |
| | - | | | | | Credit card |
| | Number Street | | | | | Loan repayment |
| | | | | | | ☐ Suppliers or vendo |
| | | | | | | □ |
| | AN OLL | 7in Code | | | | Other |
| | City State | ZIP Code | | | | ☐ Other |
| | City State | ZIP Code | | \$ | <u> </u> | ☐ Mortgage |
| | City State Creditor's Name | ŽÍP Code | | \$ | \$ | |
| | Creditor's Name | ZIP Code | | \$ | \$ | ☐ Mortgage |
| | | ZIP Code | | \$ | \$ | ☐ Mortgage |
| | Creditor's Name | ZIP Code | | \$ | \$ | ☐ Mortgage ☐ Car ☐ Credit card |

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| | | D 000 | ment | Page 39 of | | 7- 11.1- |
|--------------------|--|--|-------------------------------|---|--|--|
| | PATRICIA LYNN J | OHNSON RUSHING | | | Case number (if known)_ | 22.41405 |
| ide por ent, | ers include your relatives; rations of which you are a , including one for a busin as child support and alimo | an officer, director, person i ness you operate as a sole | ves of any g n control. or | general partners; pa owner of 20% or n | artnerships of which nore of their voting : | tho was an insider? In you are a general partner; securities; and any managing domestic support obligations, |
| Υe | es. List all payments to ar | n insider. | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| ī | Insider's Name | | | \$ | \$ | |
| Ī | Number Street | | | | | |
| Ĩ | City | State ZIP Code | | \$ | \$ | |
| Ī | Insider's Name | | | Ψ | <u> </u> | |
| Î | Number Street | | | | | |
| , | City | State ZIP Code | | | | |
| in | sider? de payments on debts gu | d for bankruptcy, did you aranteed or cosigned by ar | | payments or trans | fer any property o | n account of a debt that benefite |
| W | ro ′es. List all payments that | benefited an insider. | | | | |
| | | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
| | Insider's Name | | | \$ | \$ | |
| | | | | | | |

ZIP Code

ZIP Code

State

State

City

City

Insider's Name

Number Street

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Debtor 1

PATRICIA LYNN JOHNSON RUSHING
First Name Middle Name Last Name

| Case number (# known) | 22 | -41 | 40 | 5 | _ |
|-----------------------|----|-----|----|-----|-------|
| Oddo Hamber (minery_ | | | | 700 | |

| uch matters, including persona tract disputes. | ı kruptcy, were you a p e I injury cases, small clair | in any lawsuit, court action, or administrate actions, divorces, collection suits, paternity ac | tions, suppo | ort or custody modification |
|---|---|--|--------------|--|
| | | | | |
| . Fill in the details. | Nature of the cas | Court or agency | | Status of the case |
| se title 2216-cv06238 | foreclosure s | jackson county | | Pending |
| se title | · | 415 e 12th | | On appeal |
| | | Number Street | | Concluded |
| se number | | kansas city mo 641 | | |
| Se fidiliber | | City State Z | ZIP Code | |
| | | | | Pending |
| se title | | Court Name | | On appeal |
| | | Number Street | | Concluded |
| | | | | |
| ase number | | City State | ZIP Code | |
| . Go to line 11. s. Fill in the information below. | ils below. | | | |
| . Go to line 11. | | e the property | Date | ed, seized, or levied? Value of the propert |
| . Go to line 11. | | e the property | Date | |
| . Go to line 11. | | e the property | Date | Value of the property |
| . Go to line 11. s. Fill in the information below. | Desc | e the property what happeπed | Data | Value of the property |
| . Go to line 11. s. Fill in the information below. Creditor's Name | Desc | | Date | Value of the property |
| . Go to line 11. s. Fill in the information below. Creditor's Name | Desc Expl | what happened operty was repossessed. operty was foreclosed. | Date | Value of the property |
| . Go to line 11. s. Fill in the information below. Creditor's Name | Desc Expl | what happened operty was repossessed. Operty was foreclosed. Operty was garnished. | Date | Value of the property |
| . Go to line 11. s. Fill in the information below. Creditor's Name | Expl Call P Code | what happened operty was repossessed. operty was foreclosed. operty was garnished. operty was attached, seized, or levied. | Date | Value of the propert |
| Creditor's Name Number Street | Expl Call P Code | what happened operty was repossessed. Operty was foreclosed. Operty was garnished. | | Value of the propert |
| Creditor's Name Number Street | Expl Call P Code | what happened operty was repossessed. operty was foreclosed. operty was garnished. operty was attached, seized, or levied. | | Value of the propert |
| Creditor's Name Number Street | Expl Call P Code | what happened operty was repossessed. operty was foreclosed. operty was garnished. operty was attached, seized, or levied. | | Value of the property \$ Value of the prope |
| Creditor's Name Number Street City Sta | Expl te ZIP Code Des | what happened operty was repossessed. operty was foreclosed. operty was garnished. operty was attached, seized, or levied. | | Value of the property \$ Value of the prope |
| Creditor's Name Creditor's Name City Sta | Expl te ZIP Code Des | what happened operty was repossessed. operty was foreclosed. operty was garnished. operty was attached, seized, or levied. oe the property | | Value of the property \$ Value of the prope |
| Creditor's Name Creditor's Name City Sta | Expl te ZIP Code Des | what happened operty was repossessed. operty was foreclosed. operty was garnished. operty was attached, seized, or levied. oe the property | | Value of the property \$ Value of the proper |
| Creditor's Name Creditor's Name Creditor's Name Creditor's Name Creditor's Name | Expl ts ZIP Code Exp Exp | what happened operty was repossessed. operty was foreclosed. operty was garnished. operty was attached, seized, or levied. oe the property n what happened or operty was repossessed. | | Value of the property \$ Value of the prope |

Case 22-41405-drd13 Doc 19 Filed 12/27/22 Entered 12/27/22 10:46:21 Desc Main Document Page 41 of 48 PATRICIA LYNN JOHNSON RUSHING Case number (if known) 22 4 4 5 5

| nin 90 days before you filed for bankrupt | did env proditor Including a bank | or financial institution | n, set off any amo | ounts from you |
|--|--|--------------------------|-----------------------------|--------------------------|
| nin 90 days before you filed for bankrupt ounts or refuse to make a payment beca | cy, did any creditor, including a bank use you owed a debt? | Of Inflational mouse | - | |
| | , | | | |
| No Yes. Fill in the details. | | | | |
| | Describe the action the creditor took | | Date action was taken | Amount |
| | | | was taken | |
| Creditor's Name | | 1 | \$ | |
| 1. Check | | 1. | + | |
| Number Street | | | | |
| | | | | |
| City State ZIP Code | Last 4 digits of account number: XXX | x | | |
| City | | | | |
| thin 1 year before you filed for bankrupto | ev. was any of your property in the po | essession of an assign | ee for the benefi | t of |
| thin 1 year before you filed for banking to editors, a court-appointed receiver, a cus | itodian, or another official? | | | |
| No | | | | |
| Yes | | | | |
| | 41 | | | |
| 5: List Certain Gifts and Contribu | tions | | | |
| No | tcy, did you give any gifts with a tota | i value of more than \$6 | 500 per person? | |
| ູ No Yes. Fill in the details for each gift. | tcy, did you give any gifts with a tota Describe the gifts | i value of more than \$6 | Dates you gave | Value |
| No | | i value of more than \$4 | Dates you gave | Value |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 | | i value of more than \$6 | Dates you gave | Value \$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | | i value of more than \$4 | Dates you gave | Val ue \$ |
| Gifts with a total value of more than \$600 | | i value of more than \$6 | Dates you gave | Value \$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | | i value of more than \$6 | Dates you gave | Val ue \$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | i value of more than \$6 | Dates you gave | Value \$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | | i value of more than \$6 | Dates you gave | Value \$ \$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | i value of more than \$6 | Dates you gave | Val ue \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code | | i value of more than \$6 | Dates you gave | Value \$ \$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street | | i value of more than \$6 | Dates you gave the gifts | \$\$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you | | i value of more than \$6 | Dates you gave the gifts | \$\$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code | Describe the gifts | i value of more than \$6 | Dates you gave the gifts | \$\$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 | Describe the gifts | i value of more than \$6 | Dates you gave the gifts | \$\$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 | Describe the gifts | i value of more than \$6 | Dates you gave the gifts | \$\$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | Describe the gifts | i value of more than \$6 | Dates you gave the gifts | \$\$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | Describe the gifts | i value of more than \$6 | Dates you gave the gifts | \$ \$ Value |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | Describe the gifts | i value of more than \$6 | Dates you gave the gifts | \$ \$ Value |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | Describe the gifts | i value of more than \$6 | Dates you gave the gifts | \$ \$ Value |

| | | sst Name | 22-414 | |
|----------------|---|--|--|---------------------------|
| Viti | hin 2 years before you filed for bankrı | uptcy, did you give any gifts or contributions with a total value | e of more than \$60 | 0 to any charity? |
| ™ | No | | | |
| | Yes. Fill in the details for each gift or co | ntribution. | | |
| | Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you contributed | Value |
| | Charity's Name | _ | | \$ |
| | | _ | | \$ |
| | Number Street | _ | | |
| | City State ZIP Code | | | |
| | _ | | | |
| rt 6 | List Certain Losses | | | |
| | | Caralle and incurred agreement for the loca | Date of voiir | Value of property |
| | Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| | Describe the property you lost and how the loss occurred | Include the amount that insurance has paid. List pending insurance | | Value of property lost |
| | how the loss occurred | Include the amount that insurance has paid. List pending insurance | | |
| rt T | how the loss occurred | Include the amount that Insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | | |
| Wi | 7: List Certain Payments or Tra thin 1 year before you filed for bankru u consulted about seeking bankrupto | Include the amount that Insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | loss | \$ |
| yo Inc | 7: List Certain Payments or Tra thin 1 year before you filed for bankru u consulted about seeking bankruptce clude any attorneys, bankruptcy petition | Include the amount that Insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or training a bankruptcy petition? | loss | \$ |
| Windows Income | 7: List Certain Payments or Tra thin 1 year before you filed for bankru u consulted about seeking bankruptc clude any attorneys, bankruptcy petition | Include the amount that Insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or training a bankruptcy petition? | loss | \$ |
| Windows Income | 7: List Certain Payments or Trathin 1 year before you filed for bankrup to consulted about seeking bankrupto lude any attorneys, bankruptcy petition No Yes, Fill in the details. | Include the amount that Insurance has paid. List pending insurance claims on line 33 of Schedule A/B. Property. ansfers uptcy, did you or anyone else acting on your behalf pay or traity or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in your preparers. | nsfer any property our bankruptcy. Date payment or transfer was | \$to anyone |
| Windows Income | 7: List Certain Payments or Trathin 1 year before you filed for bankruut consulted about seeking bankrupto: lude any attorneys, bankruptcy petition No Yes. Fill in the details. Person Who Was Paid | Include the amount that Insurance has paid. List pending insurance claims on line 33 of Schedule A/B. Property. ansfers uptcy, did you or anyone else acting on your behalf pay or traity or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in your preparers. | nsfer any property our bankruptcy. Date payment or transfer was | \$to anyone |
| Windows Income | 7: List Certain Payments or Trathin 1 year before you filed for bankruut consulted about seeking bankrupto: lude any attorneys, bankruptcy petition No Yes. Fill in the details. Person Who Was Paid | Include the amount that Insurance has paid. List pending insurance claims on line 33 of Schedule A/B. Property. ansfers uptcy, did you or anyone else acting on your behalf pay or traity or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in your preparers. | nsfer any property our bankruptcy. Date payment or transfer was | \$to anyone |
| Windows Income | 7: List Certain Payments or Trathin 1 year before you filed for bankruut consulted about seeking bankruptostude any attorneys, bankruptcy petition No Yes, Fill in the details. Person Who Was Paid Number Street | Include the amount that Insurance has paid. List pending insurance claims on line 33 of Schedule A/B. Property. ansfers uptcy, did you or anyone else acting on your behalf pay or traity or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in your preparers. | nsfer any property our bankruptcy. Date payment or transfer was | \$to anyone |

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| | Description and value of any property tran | sferred | Date payment or transfer was made | Amount of payment |
|---|--|----------------------------|--------------------------------------|------------------------|
| Person Who Was Paid | | | | \$ |
| Number Street | | | | \$ |
| | | | | · |
| City State ZIP Code | | | | |
| Email or website address | _: | | | |
| Person Who Made the Payment, if Not You | ! | | | |
| No 1 Yes. Filt in the details. | Description and value of any property tra | ansferred | Date payment or transfer was made | Amount of |
| Person Who Was Pald | | | | \$ |
| Number Street | _ | | | \$ |
| | | | | |
| City State ZIP Code | | | | |
| Vithin 2 years before you filed for bankr | s made as security (such as the granting on ave already listed on this statement. | f a security interest or n | nortgage on your p | roperty). |
| Vithin 2 years before you filed for bankr ransferred in the ordinary course of you notlude both outright transfers and transfer that you less No | ir business or financial affairs: s made as security (such as the granting o | | nortgage on your p | roperty). |
| Vithin 2 years before you filed for bankr ransferred in the ordinary course of you notlude both outright transfers and transfer that you less No | ir business or financial arrains? made as security (such as the granting of nave already listed on this statement. Description and value of property | f a security interest or n | nortgage on your p | roperty). ed Date t |
| Within 2 years before you filed for bankr ransferred in the ordinary course of you not be both outright transfers and transfers on not include gifts and transfers that you less No. Yes. Fill in the details. | ir business or financial arrains? made as security (such as the granting of nave already listed on this statement. Description and value of property | f a security interest or n | nortgage on your p | roperty). ed Date t |
| Vithin 2 years before you filed for bankr ransferred in the ordinary course of you neclude both outright transfers and transfers to not include gifts and transfers that you less. No Yes. Fill in the details. | Ir business or financial arrains? Is made as security (such as the granting of nave already listed on this statement. Description and value of property transferred | f a security interest or n | nortgage on your p | roperty). ed Date t |
| Within 2 years before you filed for bankr ransferred in the ordinary course of you neclude both outright transfers and transfers to not include gifts and transfers that you like No. Yes. Fill in the details. Person Who Received Transfer Number Street | Ir business or financial arrains? Is made as security (such as the granting of nave already listed on this statement. Description and value of property transferred | f a security interest or n | nortgage on your p | roperty). ed Date t |
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| First Name Middle Name L | ast Name | | | |
|--|--|---|--|---------------------------|
| Nithin 10 years before you filed for bankare a beneficiary? (These are often called No Press. Fill in the details. | rruptcy, did you transfer any propert i asset-protection devices.) | ty to a self-settled trus | st or similar device of w | hich you |
| | Description and value of the prope | rty transferred | | Date transfer was made |
| Name of trust | | | | |
| t 8: List Certain Financial Accou | | | | benefit, |
| closed, sold, moved, or transferred? Include checking, savings, money mark brokerage houses, pension funds, coop No Yes. Fill in the details. | et, or other financial accounts; certi peratives, associations, and other fir | ificates of deposit; sha nancial institutions. | ares in banks, credit un | ions, |
| | Last 4 digits of account number | Type of account or | Date account was | Last balance be |
| | East 4 digital of document. | instrument | closed, sold, moved, or transferred | closing or trans |
| Name of Financial Institution | | Checking | | closing or trans |
| Name of Financial Institution Number Street | _ | Checking Savings Money market | | s |
| | xxxx | ☐ Checking | | \$ |
| Number Street | xxxx | ☐ Checking ☐ Savings ☐ Money market ☐ Brokerage | | \$ |
| Number Street City State ZIP Code | | Checking Savings Money market Brokerage Other | | \$ |
| Number Street City State ZIP Code Name of Financial Institution Number Street | XXXX | Checking Savings Money market Brokerage Other Checking Savings Money market Brokerage | or transferred | \$\$ |
| Number Street City State ZIP Code Name of Financial Institution Number Street City State ZIP Code Do you now have, or did you have with securities, cash, or other valuables? | XXXX | Checking Savings Money market Brokerage Other Checking Savings Money market Brokerage | or transferred | \$ |
| Number Street City State ZIP Code Name of Financial Institution Number Street City State ZIP Code Do you now have, or did you have with securities, cash, or other valuables? | XXXX | Checking Savings Money market Brokerage Other Checking Savings Money market Brokerage Other | or transferred | \$y for |
| Number Street City State ZIP Code Name of Financial Institution Number Street City State ZIP Code Do you now have, or did you have with securities, cash, or other valuables? | XXXXXXXX | Checking Savings Money market Brokerage Other Checking Savings Money market Brokerage Other | or transferred | \$ |

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| Name | lave you stored property in a storage | unit or place other than your home within 1 | year before you filed for bankruptc | y? |
|--|---|--|--|---------------------------------------|
| Number Street Number Street | Yes. Fill in the details. | Who else has or had access to it? | Describe the contents | Do you st have it? |
| Number Street Number Street Number Street Number Street | | | | □ No |
| City State ZIP Code | Name of Storage Facility | Name | | ☐ Yes |
| Identify Property You Hold or Control for Someone Else Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Where is the property? Describe the property Value Owner's Name Number Street Number Street Number Street Number Street Number Street Number Street Describe the property Value State ZIP Code Tt 10: Give Details About Environmental Information The purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Sife means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. port all notices, releases, and proceedings that you know about, regardless of when they occurred. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes, Fill in the details. Governmental unit Environmental isw, if you know it Date of notice North holds and proceedings that you know about, the proceedings that you know it Date of notice streams anyther and the proceedings that you know about, the proceedings that you know it Date of notice streams anyther and the proceedings that you have been anyther and the proceedings that you know about, the proceedings that you know it Date of notice the proceedings that you know about, the proceeding that you know it the proc | Number Street | Number Street | | |
| Identify Property You Hold or Control for Someone Else Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Where is the property? Describe the property Value Owner's Name Number Street Num | | City State ZIP Code | | |
| Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Where is the property? Describe the property Value Value Owner's Name Number Street Number Street Oity State ZIP Code Oity State ZIP Code Oity State ZIP Code Oity State ZIP Code Tritle purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. port all notices, releases, and proceedings that you know about, regardless of when they occurred. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes, Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of alte | | | | |
| No Ves. Fill in the details. Where is the property? Describe the property Value Owner's Name Number Street Number Street | Do you hold or control any property | | erty you borrowed from, are storing | for, |
| Where is the property? Describe the property Value | L. | | | |
| Number Street Number Street Number Street Number Street | Yes. Fill in the details. | | - u d | Value |
| Number Street Number Street Number Street Number Street | | Where is the property? | Describe the property | value |
| City State ZIP Code Code City State ZiP Code City State ZiP Code | Owner's Name | | | \$ |
| City State ZIP Code City State ZIP Code City State ZIP Code City State ZIP Code The purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Doort all notices, releases, and proceedings that you know about, regardless of when they occurred. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes, Fill in the details. Governmental unit Environmental law, if you know it Date of notices. | | Number Street | | |
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City

ZIP Code

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| | init of any release of mazaroous in | Province . | |
|--|--|---|--|
| ave you notified any governmental u | | | |
| No | | | |
| Yes. Fill in the details. | Governmental unit | Environmental law, if you know it | Date of notice |
| | | | |
| | Governmental unit | | |
| Name of site | | | |
| Number Street | Number Street | | |
| | City State ZIP Co | ode | |
| | | | |
| City State ZIP Co | | | 4d andone |
| Have you been a party in any judicial | or administrative proceeding und | er any environmental law? Include settlemer | nts and orders. |
| No | | | |
| Yes, Fill in the details. | | | Status of the |
| | Court or agency | Nature of the case | case |
| | | | Pending |
| Case title | Court Name | | On appea |
| | | | opp |
| | | | Conclude |
| | Number Street | | Conclude |
| | | | Conclude |
| | City State ur Business or Connections to | s or have any of the following connections t | |
| art 11: Give Details About You 7. Within 4 years before you filed for b A sole proprietor or self-emp A member of a limited liabilit A partner in a partnership An officer, director, or mana | ur Business or Connections to bankruptcy, did you own a busines ployed in a trade, profession, or ot ty company (LLC) or limited liability aging executive of a corporation the voting or equity securities of a corporation of the corporation o | o Any Business as or have any of the following connections to the activity, either full-time or part-time by partnership (LLP) corporation ch business. Employer Identifications | o any business? ion number al Security number or ITIN. |
| A sole proprietor or self-emp A member of a limited liability A partner in a partnership An officer, director, or mana An owner of at least 5% of the | ur Business or Connections to eankruptcy, did you own a busines ployed in a trade, profession, or of ty company (LLC) or limited liability aging executive of a corporation he voting or equity securities of a corporation Go to Part 12. e and fill in the details below for each | corporation ch business business Employer Identificat Do not include Socia | o any business? ion number al Security number or ITIN. |
| A sole proprietor or self-emp A sole proprietor or self-emp A member of a limited liability A partner in a partnership An officer, director, or mana An owner of at least 5% of the No. None of the above applies. Yes. Check all that apply above | ur Business or Connections to pankruptcy, did you own a busines ployed in a trade, profession, or of try company (LLC) or limited liabilities aging executive of a corporation he voting or equity securities of a corporation of the Part 12. | so or have any of the following connections to ther activity, either full-time or part-time ty partnership (LLP) corporation ch business business Employer Identification not include Social EIN: | o any business? ion number al Security number or ITIN. |
| A sole proprietor or self-emp A sole proprietor or self-emp A member of a limited liability A partner in a partnership An officer, director, or mana An owner of at least 5% of the No. None of the above applies. Yes. Check all that apply above | ur Business or Connections to eankruptcy, did you own a busines ployed in a trade, profession, or of ty company (LLC) or limited liability aging executive of a corporation he voting or equity securities of a corporation Go to Part 12. e and fill in the details below for each | corporation ch business business Employer Identificat Do not include Socia | o any business? ion number al Security number or ITIN. |
| A sole proprietor or self-emp A member of a limited liability A partner in a partnership An officer, director, or mana An owner of at least 5% of the No. None of the above applies. Yes. Check all that apply above Number Street | ur Business or Connections to eankruptcy, did you own a busines ployed in a trade, profession, or of ty company (LLC) or limited liability aging executive of a corporation he voting or equity securities of a corporation Go to Part 12. e and fill in the details below for each | corporation ch business business Employer Identificat Do not include Social EIN: Dates business exist From Employer Identificat Employer Identificat Employer Identificat Environment Employer Identificat Environment Employer Identificat E | ion number al Security number or ITIN. |
| Give Details About You Within 4 years before you filed for b A sole proprietor or self-emp A member of a limited liability A partner in a partnership An officer, director, or mana An owner of at least 5% of the shove applies. Yes. Check all that apply above Business Name Number Street | ur Business or Connections to pankruptcy, did you own a busines ployed in a trade, profession, or of ty company (LLC) or limited liabilit aging executive of a corporation the voting or equity securities or equity securi | corporation ch business business Employer Identificat Do not include Social EIN: Dates business exist From Employer Identificat Employer Identificat Employer Identificat Environment Employer Identificat Environment Employer Identificat E | o any business? ion number al Security number or ITIN. |
| Give Details About You Within 4 years before you filed for b A sole proprietor or self-emp A member of a limited liability A partner in a partnership An officer, director, or mana An owner of at least 5% of the above applies. Yes. Check all that apply above Business Name | ur Business or Connections to pankruptcy, did you own a busines ployed in a trade, profession, or of ty company (LLC) or limited liabilit aging executive of a corporation the voting or equity securities or equity securi | so Any Business so or have any of the following connections to ther activity, either full-time or part-time by partnership (LLP) corporation ch business business Employer Identificat Do not include Social EIN: okkeeper business Employer Identificat Do not include Social Einess exists From business Employer Identificat Do not include Social Ident | ion number al Security number or ITIN. |

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| | | Describe the nature of the business | Employer Identification number Do not include Social Security number of ITIN. |
|--------------------------|---|--|--|
| Business Name | | | EIN: |
| Number Street | | - Name of accountant or bookkeeper | Dates business existed |
| | | - | _ |
| City | State ZIP Code | - | From To |
| | | | |
| thin 2 years befo | re you filed for bankru | ptcy, dld you give a financial statement to a | inyone about your business? Include all financial |
| titutions, credite | ors, or other partles. | | |
| No Yes. Fill in the | details below. | | |
| | | Date issued | |
| | | | |
| Name | | MM / DD / YYYY | |
| Number Street | | - | |
| Mailibot and . | | | |
| | | _ | |
| City | State ZIP Code | _ | |
| | | | |
| | | | |
| 12: Sign Be | | | |
| have read the a | nswers on this Statem | ent of Financial Affairs and any attachments | s, and I declare under penalty of perjury that the ing property, or obtaining money or property by frai |
| in connection w | th a bankruptcy case of 1341, 1519, and 3571. | can result in tines up to \$250,000, or impriso | onment for up to 20 years, or both. |
| 18 0.3.0.93 132 | , 1041, 1010, and 00111 | | |
| als) | 25h A | ahm * | |
| Signature of D | ebtor 1 | Signature of Debtor 2 | |
| | | Date | |
| Date | | | |
| Date Did you attach a | dditional pages to You | ır Statement of Financial Affairs for Individu | uals Filing for Bankruptcy (Official Form 107)? |
| Date Did you attach a | dditional pages to You | ır Statement of Financial Affairs for Individu | uals Filing for Bankruptcy (Official Form 107)? |
| Did you attach a | ndditional pages to You | ur Statement of Financial Affairs for Individu | als Filing for Bankruptcy (Official Form 107)? |
| Did you attach a | dditional pages to You | ur Statement of Financial Affairs for Individu who is not an attorney to help you fill out ba | |

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| Fill in this information to identify your case. | |
|--|------------------------------------|
| Debtor 1 PATRICIA LYNN JOHNSON-RUSHING First Name Last Name | |
| Debtor 2 (Spouse, if filling) First Name Middle Name Last Name | |
| United States Bankruptcy Court for the: District of | |
| Case number (If known) | Check if this is an amended filing |
| | |
| Official Form 106Dec | 12/15 |

Declaration About an Individual Debtor's Schedules
If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | | | | |
|--|---|--|--|--|
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? | | | | |
| ₩ No Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | |
| | | | | |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. | | | | |
| * Laur galun x | Signature of Debtor 2 | | | |
| Signature of Debtor | Signature of Debtoo 2 | | | |
| Date 2 - 23 - 22 | Date MM / DD / YYYY | | | |